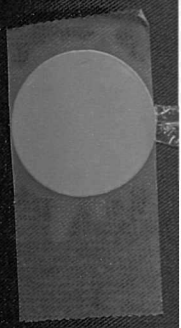

GUY'S
HOSPITAL
GAZETTE

NEW SERIES

VOL. VI

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Guy's Hospital Gazette.

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Reginald J. Roberts

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Guy's Hospital Gazette,
JANUARY 9, 1892.

THE WARDS ON CHRISTMAS DAY.

BY OUR SPECIAL CORRESPONDENT.

Had success crowned the efforts of the silver thaw on Christmas morning, your correspondent would have been carried into the Hospital suffering from a Colles's or a Pott's fracture instead of perambulating its Wards on his two unfractured pins. As it was, Mrs. Parsons looked at him very peculiarly as he slipped on the front steps, and from that post of vantage wished her a Merry Christmas. No, Mrs. Parsons, he was all right then, at any rate.

Having looked on while the Dressers for the week put up a baker's dozen of broken Radii, your humble slave walked into ACCIDENT, where he was much exercised in his mind as to the reason for wrapping up the Port and Sherry bottles in cotton wool—there was no doubt why the glasses were, for they were quite twice as big as ordinary wine glasses—Oh! Bacchus, Bacchus! where wilt thou lead thy sportive muse? The decorations were of the massive and stately type; the heavy wreaths of evergreen made the Ward look like the banqueting hall of some old baronial mansion.

CORNELIUS looked merry with its holly and cotton wool—a rare contrast—as all decorators soon find. Mr. Sam Wellford was hard at work carving there, and a rare task he had. No. 17 seemed very proud of his Hodgén, which was most gaily wreathed for the occasion.

Scaling innumerable stairs, your correspondent next reached PATIENCE and SAMARITAN, where the sloping timbered roof forms a grand subject for decorative art. The Guy's crest as usual *beamed* at everyone from the *beam* near the door. (Comic papers please copy.)

Texts in red and white wished one all the joy and happiness Christmastide can bring, and the loops of evergreens still further added to the charm.

CHARITY looked charming, the very air of the Ward inspired all with jollity and cheer; the children looked thoroughly happy in their little cots bedecked with wool, ivy and berries. As for Annie, how can I speak of thee without a thrill of rapture passing through me; dressed as thou wert in a pink and white striped pinafore, thou laid such siege to my poor little heart that I feel it is thine for ever—first case of excision of that organ on record.

DORCAS was lost in admiration of its tree, a real weather-beaten moss-covered root of ivy, which, with its many creeping branches filled the spaces round the door. The flags had been very tastefully arranged by the Charities, and formed a special feature in this Ward.

In LUKE the effect of alternating the lanterns with fairy lamps was very successful, and the little strips of green over each bed materially added to the complete look of the Ward's embellishments.

NAAMAN was eating hard when I entered, but several "Merry Christmases" greeted me as I passed up the Ward. The large windows were well wreathed with thin ivy, and the cotton wool and flags grouped on the mantel-pieces had a capital effect. *Bomb-Bombs*, as one of the patients spelt them, were luxuriantly strewn around, and the presence of one or two singing men left nothing to be desired.

LAZARUS had evidently been surfeited with good workers, and it did them credit. The wreathing was lightly and neatly made; the fire-places were real works of art. Fairy lights were *en evidence* in every nook and cranny. Lanterns, large and small, hung in rows across the Ward, and the loops of red cloth twined with evergreen gave a warm and cozy feeling to the Ward, which is most desirable at Christmas time.

JOB was unique in the varied forms of its lanterns; big fish and little fish, ugly Chinamen and birds—red, yellow, green and blue ones—all were represented. A kind of old gold was the favourite colour in the Ward; the gas-brackets were draped with it, and so was the back of the piano.

LYDIA was full of children, and, therefore, especially Christmas-like. The cots were wreathed in green and holly-berries, to which their red and white holland coverings afforded a striking contrast. A large bran pie looked very tempting, and many were the speculations of the kids as to what they would find in it.

MARTHA had converted the spray table into a shoe, out of which peeped the old woman and her numberless children who lived in it. A large Christmas tree stood at the end of the Ward, burdened with many and varied toys. The lanterns were prettily hung and the wreathing round the top of each bed had a striking effect.

CLINICAL did honour to its Clinicals. Delicate wreaths of ivy twined the centre pillar and the girders. The beds festooned with green, brightened with many a berry, looked picturesque, and the inmates comforted with dolls and other childish luxuries—at least, Messrs. Lawrence and Yorath were—looked beautiful in their simple attire (*Simplex munditiis*, cf. Horace Odes).

PHILIP, as usual, responded well to the efforts of bodies of antagonistic Ward Clerks. Which side of the Ward looked best I daren't say (the freedom of the Press is not recognised at Guy's). The neutral ground over the fire-places was a tasteful mass of green and flags, Japanese fans and dolls, and other expensive beauties.

MARY showed up her decorations well. Banners and evergreen wreaths distinguished Dr. Hale White's division. The pink liberty silk on the window sills and over the fire-places distinguished that of Dr. Pye-Smith. Yellow was the predominant colour in Dr. Goodhart's, and Dr. Taylor's portion was resplendent in squashed-strawberry colour.

STEPHEN again took a leading place amongst the Wards, for excellence in decorations. Evergreens had been prettily entwined round the bed-tops, red cloth was looped from the sides of the Ward to the gas brackets,

and a French roll, eight feet long, graced the bottom of the Ward.

THE EYE WARDS were visited on the way back, and very nice they looked. Christmas pictures, texts, holly and evergreens had all been pressed into the service of the decorators, and they must be congratulated on the beauty produced.

Your correspondent begs to congratulate Nursing Staff, Residents and Non-residents, on their taste and artistic genius, and can assure them that Guy's looked as Guy's only can, the best decorated Hospital in the world.

THE GUY'S ETHIOPIANS.

BY A VISITOR.

Once more this celebrated troupe of Nigger Minstrels invaded the Wards, and discoursed sweet music and uttered quips, cranks and jests for the amusement of the patients.

They were one of the best troupes I remember, and I think I can remember ten of them. Their make-ups were most varied and costly, and their singing of the choruses did great credit to their conductor. As the Editor says he is going to print the programme below, I need not go into details about the performances in each Ward. Perhaps the most successful songs were "Wot Cher!" and "Ten little Nigger Boys." They were both heartily encored. "There is a Tavern in the Town" went down well, and "Razors in the Air" received an ovation when it was sung. The choruses of "The old folks at Home" and "Dinah Doe" were thoroughly well sung, the harmonies being perfect. The most pathetic song was certainly "The Little One that Died."

The troupe made a start about two o'clock and did not finish until six, so their afternoon's work was a heavy one. I am asked by the niggers to especially thank Messrs. Fleury and Sheen, who carried the piano from Ward to Ward, a truly stupendous task, and one for which they deserve a real meed of praise. I am also asked to thank the Sisters of the Wards where they refreshed themselves on the way. I am asked by the patients to thank Messrs. Ralph (tambourine), Jackson-Lang (bones), Swayne (accompanist), Mackeson (Mr. Campbell), Frazer (banjo), Scott-Turner (banjo), Coulson, Spurrell, Richards, Bryant, Stevens, Hodgson, and Webber (vocalists), for the pleasurable afternoon they had; and everyone desires me to thank Messrs. Ash & Co. for giving each of the patients a Christmas card in the shape of a most laughable programme of the entertainment.

PROGRAMME OF SONGS.

PATIENCE AND SAMARITAN ...	"A lubly Rose of Texas."
	"She's the only Gal I lub."
DORCAS	"The little one that died."
	"See me dance the Polka."
CHARITY	"There is a Tavern in the Town."
	"Dinah Doe."
LUKE	"A lubly Rose of Texas."
	"Whistling Coon."
NAAMAN	"The old folks at home."
	"Geese ober dere."
MARTHA	"Noah's Ark."
	"Ten little Nigger Boys."
LYDIA	"Oh! dem Golden Slippers."
	"Razors in de air."
JOB	"I lub a lubly Gal."
	"Duckfoot Sue."
LAZARUS	"Nellie Gray."
	"Ten little Nigger Boys."
CORNELIUS ...	"She's the only Gal I lub."
	"Razor's in de air."
ACCIDENT	"Nellie Gray."
	"Wot Cher."
JOHN	"The little one that died."
	"Good-bye me honey."
MIRIAM	"The old folks at home."
	"Geese ober dere."
RUTH	"I lub a lubly Gal."
	"Razors in de air."
STEPHEN	"There is a Tavern in the Town."
	"Clara Nolan's Ball."
PHILIP	"Oh! dem Golden Slippers."
	"Whistling Coon."
MARY	"Dinah Doe."
	The Magnetic Nigger.
	"Wot Cher."
	"Ten little Nigger Boys."

CASE WITH CEREBRAL SYMPTOMS, TREATED WITH MERCURY AND IODIDE.

The following case may prove interesting. He was treated for cerebral disease (tumours or gumma).

Alfred Byford, aged 6 years, admitted under the care of Dr. Haig, at the Royal Hospital for Children and Women, Waterloo Road, on 20th July, 1891.

Patient was carried by his mother to the Out-Patient Department, and was admitted as an in-patient without delay.

Family History.—Father died about a year ago, two years before death he suffered from Bright's disease; mother, healthy; brother and sister also healthy.

Personal History.—Patient was a healthy boy up till three weeks before admission, when he was obliged to stay away from school on account of persistent vomiting and headache; the vomiting lasted one week, since then he has suffered from headache; he has wasted considerably; bowels are constipated.

On admission.—Patient is a well-formed boy, of rather dark complexion; he lies on his back with his hand to his head, and eyelids nearly closed. Temp. 99. Pulse 110. Resp. 24.

He was put on milk diet, and an enema of soap ordered.

July 21st. The nurse called attention to his eyesight. Both pupils are dilated, and there is ext. strabismus. The eyeballs are rather prominent. He has no perception of light, but when light is flashed into them with a mirror he can just detect it.

On Ophthalmoscopic examination there is found well marked optic neuritis of both eyes. Mr. H. B. Osburn (the Registrar) describes it as follows:—

"Media clear. Both discs and a considerable area of the neighbouring retinal surface, including both maculæ luteæ are blotted out by a dense white irregular mass; this does not obviously project forward. The vessels are almost entirely lost, an isolated loop being seen here and there on its surface. The remainder of the retina shows nothing beyond rather tortuous and dilated vessels. In the left eye there is also some choroiditis, the choroidal vessels showing clearly through the retina. Optic tension normal."

There is no paralysis of arms or legs, he is able to stand and walk a few steps; sensation, normal.

On making further enquiries of his mother, she said "that his sight was noticed to fail only three or four days before he was brought up to the Hospital."

Respiratory, circulatory, urinary and alimentary systems appeared to be quite normal.

The result of the ophthalmoscopic examination seemed to indicate that it was a case of cerebral disease (probably tumour or gumma), accordingly he was ordered—

Iodide of potassium, gr. 8; solution of perchloride of mercury, ♏ 40; syrup of oranges, ʒ fs.; water to ℥ fs.; 4 times in the day. He has taken the above during his whole stay in Hospital.

For ten days he suffered from headache very persistently; an icebag was applied to his head, but did not give much relief. The first night he was admitted he was excited, but since then he has always been quite quiet; he prefers lying down to sitting up.

After this treatment had been employed about a fortnight the headache was lost, and soon after he became much more lively, and took an interest in the other children in the ward; this improvement in his condition was maintained during the remainder of his stay in Hospital (six weeks), when he went home, being, apparently, in every way well except for his blindness.

Points of interest—1. The vomiting, which after persisting for one week, ceased, while the other symptoms advanced. 2. The value of drugs in some instances; in others, drugs or any other treatment appears to make no impression. 3. The use of the ophthalmoscope in enabling a diagnosis to be made, and treatment to be adopted easily.

What a grand thing it would have been for the little fellow if his case had been brought under observation earlier, and recognised, so that treatment had been adopted before the delicate structures of his retinæ had become hopelessly disorganised!

J. M. THORNE, JUNR.

CASE IN MEDICINE FOR COMMENTARY.

SET AT THE M.D. EXAMINATION AT LONDON UNIVERSITY, DECEMBER, 1891.

H. P., male, age 47, married, was admitted into hospital on May 11th. He has been an in-patient on previous occasions for the same complaint that he is now suffering from.

General History.—Patient served in the Royal Artillery 22 years, and was discharged 6 years ago, having finished his time. Since then he has been occupied as a clerk and storekeeper. While a soldier he spent 3 years in the East Indies, but that was a good many years ago. His habits of life have always been regular and temperate.

Family History revealed nothing of importance.

Previous Health.—Patient has generally enjoyed excellent health, and has been strong and active. He suffered from rheumatism, gonorrhœa, and dysentery in the East Indies. The dysentery lasted about 12 months altogether, and he was sent home invalided, when he speedily recovered completely. Since that time, some 20 years since, he has had no illness until the present one. He never had syphilis.

Present Illness began about 15 months ago, without any obvious cause. After indefinite "rheumatic" pains in the right side and shoulder for two or three months, patient was suddenly seized with giddiness and dimness of sight, and would have fallen had he not been supported. He was confined to his room for three weeks, and was under treatment for three months for supposed "congestion of the liver." He then resumed his work, but obviously never regained his health, and has had to give up work, and place himself under treatment from time to time. The chief symptoms were pain over the hepatic region, dropsy, shortness of breath, considerable loss of flesh and weight, with general weakness.

Present State.—Patient had evidently been a well-built and powerful man, but was now considerably wasted, old-looking, and anæmic. The face was of a dark colour, but there were no spots of pigmentation. The eyes presented a slightly jaundiced appearance. There was abundant anasarca, with much œdema of the penis, scrotum, and abdominal walls. The skin below the knees presented a purplish mottling, and was the seat of much irritation.

Abdomen.—Patient complained of different painful sensations in this region, namely, a dull, heavy pain, referred to the right lumbar region; an occasional burning pain in the hepatic region, shooting round the side to the back; and pricking feelings over the epigastrium. He could not lie on the left side, on account of the dragging pain thus produced on the right. There was slight tenderness, but this was by no means an obvious symptom. The appetite was good, and digestive functions fairly normal, except that there was some degree of flatulence at times, with a tendency to constipation, the stools being deficient in bile. There has never been any nausea or sickness. As already stated, the eyes exhibited

a slight icteric tint, but there was nothing like distinct jaundice. Micturition was somewhat frequent, especially at night.

Physical Examination.—Some of the superficial veins of the abdomen and lower part of the chest were enlarged, especially on the right side, and numerous venules were evident. The abdomen was obviously enlarged, and, at first, the surface pitted on pressure, but this condition soon disappeared, so that the region could then be more satisfactorily examined. The umbilicus was normal. The enlargement was evidently unsymmetrical, and was most marked in the right hypochondriac and epigastric regions, also extending upwards so as to involve the lower part of the chest on the right side, which was considerably bulged up to the level of the nipple, and felt unsually smooth. On palpation a mass could be felt in the upper part of the abdomen, coming from beneath the margin of the thorax on the right side. Its lower border could be made out about an inch below the umbilicus, mainly horizontal, but somewhat curved downwards, and sloping upwards towards the left until it disappeared under the ribs about the nipple line. The fingers could be passed behind its right border. It moved slightly with respiration. Two rounded prominences were noticed in the right hypochondra and epigastrium respectively, and at one point in the lower margin a slight indentation could be felt, but in other respects the mass was quite regular. It was distinctly firm all over, and at no point could anything like softness or fluctuation be detected. Percussion revealed marked dulness, extending from the lower limit upwards on the right side to the upper border of the fourth rib in front, then presenting a somewhat curved outline round the axillary region and across the back just above the angle of the scapula, passing about the level of the ninth dorsal vertebra for a short distance over to the left side. There was marked resistance all over the seat of dulness. The flanks were resonant, and nothing like a fluctuation-wave could be detected. The left hypochondrium was tympanitic. Urine was somewhat concentrated and of high specific gravity, presented a trace of bile, but was in other respects normal.

Chest.—The patient complained of shortness of breath on exertion, and this was very obvious. Slight wheezy cough, with a small quantity of mucous expectoration, and occasionally a little blood. Over the seat of bulging and dulness, on the right side, breath sounds, as well as vocal fremitus and resonance, were absent. Cardiac impulse was diffused over the precordial region, and extended down to the sixth space, its maximum point of intensity being in the fifth space, one inch outside the nipple-line, where it was of somewhat heaving quality. Heart-sounds loud and superficial, and aortic second sound accentuated. No murmur. Arteries rather firm and tortuous.

While the patient was in the hospital the dropsy at first increased so much as to call for active interference. Afterwards it gradually entirely disappeared, and except for the pain and shortness of breath, he improved considerably, and was discharged on July 9th. Temperature throughout practically normal; on a few occasions it rose to 100°. Pulse 72 to 84.

Patient was re-admitted on October 8th, chiefly on account of the pains and shortness of breath. There was no jaundice or dropsy, except slight œdema about the ankles after standing. Physical examination did not reveal any obvious change in the signs already described. He remained in the hospital, and again improved.

On December 10th, about 10.30 p.m., after stooping, patient was suddenly seized with a severe pain in the right side and epigastrium. Nothing could be detected to account for it, and the abdomen did not present any additional signs. The heart was beating tumultuously. Treatment afforded relief. At 7.30 on the following morning, however, the pains returned with increased intensity, accompanied with urgent dyspnœa and palpitation, the attack ending fatally in about an hour.

In commenting upon this case, discuss—

1. The general diagnosis, at the same time indicating any further means you would have adopted to arrive at a positive opinion.
2. The significance of the more important symptoms mentioned.
3. The cause of the fatal termination.
4. The treatment called for in the course of the case.
5. The probable post-mortem appearances.

GUY'S HOSPITAL STUDENTS' CLUB.

RULES.

1. The Club, which is a Constituent Institution of the Guy's Clubs' Union, shall be called the GUY'S HOSPITAL STUDENTS' CLUB.

2. All patrons, all honorary members, and all members of the Union shall be members of the Students' Club. No Students except such as entered the Hospital before October, 1891, shall be admitted to the privileges of membership until they have become members of the Union.

3. The affairs of the Club shall be managed by a Committee, consisting of six members of the Staff, to be elected annually by a School Meeting, and six other representatives, to be chosen as follows:—

(*a*) One representative of the Resident Staff, who shall be the Senior-in-Charity for the time being, provided always that he is a subscribing or life member of the Clubs' Union. Should the Senior-in-Charity be not thus qualified, another representative, properly qualified, may be chosen by the Resident Staff.

(*b*) Two representatives of the members renting rooms in the College, whom they shall elect annually, at a meeting specially called for the purpose, during the week preceding the annual general meeting.

(*c*) Three representatives of the non-resident members of the Club, whom they shall elect at the annual general meeting.

The Committee shall appoint a President, Treasurer, Secretary and Assistant Secretary, from among their number.

4. The Committee shall meet once every three months, and at such other times as the secretary, or any three members of the Committee, may think necessary. Of such extraordinary meetings the secretary shall give not less than three days' notice, and of the quarterly meetings not less than seven days' notice, to each member of the Committee, specifying in each case the business to be transacted. Five members shall form a quorum.

5. The annual subscription for Students who entered before October, 1891, and are not members of the Clubs' Union, shall be 12s. 6d. The payment of five annual subscriptions shall entitle to life membership, subject to Rule 15. Subject to the same Rule, members may compound for life membership at the following rates :—

On entrance, by payment of £2 10s.

After payment of one annual sub., by payment of				£2	0	0
"	two	"	"	1	10	0
"	three	"	"	1	0	0

6. No Student who is not a member of the Clubs' Union, shall be considered to be a member of the Club, nor entitled to the privileges of membership, until he shall have paid his subscription, and signed his name in the members' book, thereby undertaking to abide by the rules.

7. The annual subscriptions of members joining the Club between April and August, inclusive, shall become due on the first day of May, and those of members joining between September and March, inclusive, shall become due on the first day of October.

8. A List of Members shall be hung in a conspicuous place in the Club Rooms.

9. Every member, whose subscription is more than one month in arrear, shall be suspended from the privileges of membership, and his name shall be posted in the Club Rooms. After two months' default he shall cease to be a member of the Club, and shall not be re-admitted without the consent of the Committee, who shall, if they think fit, impose a fine of Half-a-crown upon re-admission.

10. Any member of the Club may introduce friends, not more than two at one time, provided always that the same friend shall not be introduced more than three times in one month, and a present Student of the Hospital not more than once in the same period.

11. The name of every visitor shall be entered, and countersigned by the member introducing him, in a book to be kept for that purpose.

12. A suspended or defaulting member shall on no account be introduced as a visitor.

13. An annual general meeting shall be held in the month of June of each year, after not less than fourteen days' notice. It shall be the business of that meeting, of which the president of the Club shall be chairman, to elect the Students' auditor, and the non-resident Students' representatives on the Committee; and to sanction, or modify, any Rules or Bye-laws, which the Committee may have made during the preceding year.

14. The Committee shall, by seven days' notice specifying the business to be transacted, call an extraordinary general meeting at any time when they may think it necessary, or upon receipt of a requisition signed by not less than twenty members, stating the subject which it is proposed to bring forward. Notices of all general meetings shall be posted in the Colonnade of the Hospital, and in the Club Rooms.

15. The Committee shall have power to suspend, or expel, any member, who in their judgment is guilty of misconduct; provided always that the offending member may, within seven days of the notification of his suspension or expulsion, give notice of appeal to an extraordinary general meeting, which shall be forthwith summoned by the Committee with the usual notice.

16. There shall be two auditors appointed yearly, one of whom shall be a member of the Staff, elected by the School Committee, and the other a Student, elected at the annual general meeting. Neither of the auditors shall be a member of the Committee.

17. The Treasurer shall prepare a yearly balance sheet of accounts, which shall be duly audited, and laid with the report of the auditors before a general meeting in October.

18. All extraordinary expenditure shall be directly authorised by the Committee. Current expenses shall be paid by the treasurer, and an account of such expenses shall be laid before the Committee at the next quarterly meeting.

19. The Gymnasium shall be called "THE PAVY GYMNASIUM," and shall be open to all members of the Club; but such members of the Club as are not members of the Clubs' Union, and avail themselves of it as a place for exercise must pay an annual subscription of Five Shillings. A List of such members shall be posted in the Gymnasium. Subscriptions shall be paid to the Gymnasium Committee and handed to the treasurer of the Club.

20. The affairs of the Pavy Gymnasium shall be managed by a Committee of Five, two to be appointed annually by the Club Committee from among their number, one of whom shall be the assistant secretary of the Club, and the remainder to be elected annually by the members of the Club, at a meeting specially called for the purpose by the assistant secretary, shortly after the annual general meeting.

21. No expenses shall be incurred by the Gymnasium Committee except after the approval of the Club Committee.

22. Any member of the Club shall have the privilege of borrowing books from the Library, under the following conditions :—

(*a*) That he shall previously have paid a deposit of half-a-guinea to the treasurer of the Club, or his

representative, which shall be returnable at any time upon written application to the treasurer, provided that the borrower has returned all books borrowed by him, and paid any fines that he may have incurred.

(*b*) That he shall previously have signed the following agreement:—"I hereby agree to abide by the Library Bye-Laws for the time being in force, to pay any fines that may be imposed upon me by the Club or Committee for infringement of such Bye-Laws, and in case of any volume being lost or damaged while in my possession, to replace it or make good the damage, at the discretion of the Club Committee."

(*c*) That, if he be not a member of the Clubs' Union, he shall previously have purchased from the librarian a borrower's ticket. The price of such ticket shall be one shilling per annum, renewable on the first of May in each year.

BYE-LAWS.

I. GENERAL.

1. The Club Rooms shall be open daily as follows:—The Dining Room from 8 a.m. till 8.30 p.m.; the Library, Smoking Room, and Gymnasium, from 8 a.m. till 10 p.m.

2. No dogs shall be brought into the Club Rooms.

3. Every member shall pay all expenses incurred by himself, or on behalf of his friends, before leaving the Club Rooms. The steward has positive orders not to open an account with any member of the Club.

4. Gratuities to servants and waiters are strictly forbidden.

5. No member shall take, or permit to be taken, from the Club Rooms, or shall injure or destroy, any Newspaper, Magazine, or other article, the property of the Club.

6. Magazines, Newspapers, &c., are not to be removed from the Room in which they are placed.

7. Members shall observe strict silence in the Library.

8. No Games, except Chess and Draughts, may be played in the Club Rooms.

9. Smoking is forbidden in the Library; and in the Dining Hall until after 6.45 p.m.

10. Members shall make good any wilful damage to the Club property caused by themselves, or the friends whom they introduce.

11. The Committee shall have power to impose a fine of Half-a-crown for the infringement of any Bye-law.

12. The Committee shall have power to temporarily close any of the Club Rooms, at their discretion.

13. Damages must be made good, and fines paid, within seven days, under penalty of suspension, or expulsion, at the discretion of the Committee; subject to an appeal to a general meeting, as provided in Rule 16.

II. GYMNASIUM.

1. The Gymnasium shall be open to members from 8 a.m. till 10 p.m. daily.

2. Members practising gymnastics shall wear shoes of a kind approved by the Gymnasium Committee.

3. Members shall restore all Dumb-bells, Single-sticks, Indian Clubs, &c., to their proper places after using them.

4. When, with the sanction of the Gymnasium Committee, a Class has been formed for instruction in gymnastics, the members of such Class shall have precedence in the use of apparatus over other members during the time of the instruction.

5. All damage done to properties in the Gymnasium must be immediately reported to one of the Gymnasium Committee or to the secretary of the Club.

6. The Gymnasium Committee shall have power to inflict a fine of Two Shillings for the infringement of any Bye-law duly made by the Club Committee, and the member so fined shall be at once suspended from the use of the Gymnasium until the fine be paid. He may, however, give notice of appeal, within seven days, to the Committee of the Club, whose decision shall be final.

N.B.—During the Winter Session the boxing instructor attends on Thursdays from 4 to 6 p.m., and the gymnastic instructor at the same time on Tuesdays.

III. LIBRARY.

1. Borrowers shall not be allowed to have more than one volume at the same time, and must sign a voucher and hand it to the librarian in exchange for the book borrowed.

2. The books will be divided into two classes, A and B. All books in class A must be returned to the Library within seven days, excluding the day of issue, and books in class B within one calendar month, under a fine of 2d. for each day that the book is kept over time. Should the day on which a book ought to be returned be a Saturday or Sunday, it shall be returned on the following Monday. The privileges of a borrower shall be suspended until all fines he may have incurred are paid.

3. Any book in class A may be borrowed for a further period of one week, and any book in class B for a further period of one month, provided it has not been ordered by another member.

4. A borrower who has not already a Library book in his possession may put down his name for any book in circulation, and such book will be reserved for him until and during the day after its return, but not longer.

5. No borrower shall hand on to another member of the Club a book which he has taken out of the Library. As long as a voucher is uncancelled, the borrower signing it is alone responsible for loss of or damage done to the book, and for all fines connected with its non-return.

6. All fines are payable to the librarian, from whom a receipt must be obtained.

N.B.—The librarian attends daily (except Saturday and Sunday) from 5 to 6 p.m., and on Wednesdays from 12.45 to 1.15 p.m. The Library is in connection with Mudie's.

THE NEW PHARMACOPŒIA.

NOTES BY THE SECRETARY OF THE PHARMACOPŒIA COMMITTEE.

When the Treasurer, upon the recommendation of the Staff, authorized the preparation of a new edition of the Guy's Hospital Pharmacopœia, the Committee to whom the work of revision was entrusted decided to invite old Guy's men to co-operate with them by sending to their Secretary such formulæ as from practical experience they had found to be of especial value in the treatment of disease. Many of these formulæ have been included in the Pharmacopœia, but others, probably of equal importance, have for various reasons been excluded. The latter, it was suggested, might be summarised, and put before the readers of the GAZETTE, in order that what had proved efficacious in the practice of individuals might receive a more extended trial.

The plan I propose to adopt is to arrange the formulæ under the heading of the disease or condition they are intended to cure or modify, and in most cases to mention the formula in the Guy's Hospital Pharmacopœia which most nearly approaches that suggested, or may be supposed to have a like therapeutic action. By this arrangement it will be easy for any one who has an interleaved copy of the Pharmacopœia to make a note of such prescriptions in a way convenient for future reference.

In the first place, I may say that the reception accorded to the invitation to contribute to the revised edition of our Pharmacopœia was not always encouraging. For instance, one correspondent writes: "Increasing years and a diminishing amount of inexperience add to the affection I have always had for the Guy's Pharmacopœia. It seems to me little short of profanity to alter what is there, or make additions of my own. The Mist. M. cum M.S., and Mist. Rhei Co., and the Pilula Diuretica cum Scilla are professional Lares and Penates with me. With all the new discoveries in medicine, and inventions in pharmacy, I should feel myself but very inadequately armed for the fray if my pen were tied from prescribing my own well-tried friends." I should add, however, that even this gentleman, whose veneration for the Pharmacopœia may perhaps be considered extreme, has been good enough to make a suggestion, which will be mentioned in its place.

Adopting an alphabetical arrangement, the first disease I have to tabulate is—

AGUE.—Dr. Hare states that the following prescription will "absorb very large spleens—Ague cakes: "—Take of

Sulphate of Iron 3 grains
Sulphate of Magnesium 24 to 36 grains
Water 1 fluid ounce.

Mix. Dose: 1½ fluid ounces three times a day. Increase or diminish this dose so as to act two or three times, not more, on the bowels.

The above prescription is equivalent to the Mist. Ferri Cathartica of the G.H.P., an old friend of proved efficacy in anæmia, but I was quite unaware that it would "absorb very large spleens."

ANÆMIA.—Of pills the following are recommended:—Take of

Dried Sulphate of Iron 5 grains
Syrup, enough to make one pill.

Mix. Dose: 1 pill three times a day after food, increasing to 2 or 3 three times a day.

Remarks by Dr. A. W. Clark: "Very efficacious here (sc. in Wisbeach) where anæmia and chlorosis are very common." Compare the Pilula Ferri et Gentianæ of the G.H.P.

Drs. Rand and Soper recommend two grains of Reduced Iron in each pill, 1 pill to be taken three times a day. If the anæmia be accompanied by constipation, Dr. Rand gives one of the above twice a day, and at bedtime each night a pill containing 1 grain of Sulphate of Iron, and ¼ grain of Extract of Barbadoes Aloes.

Remarks by Dr. Rand: "A good ferruginous preparation, economical, very easy to take, practically tasteless, keeps well, does not discolour teeth, and the effect of above advantages is that patients will *go on taking them*, whilst many get weary of mixtures before the cure is effected. I have used these formulæ for 20 years with such results that they are very popular with my patients." Compare the Pilula Ferri Redacti, G.H.P., and Pilula Aloes et Ferri, B.P.—Take of

Reduced Iron 2 grains
Pepsin 1½ grains
Arsenious Acid $\frac{1}{60}$ grain
Digitalis in powder $\frac{1}{6}$ grain
Extract of Nux Vomica ¼ grain.

Mix for 1 pill.

Remarks by Dr. Hinton: "There is no remedy after a good purge that I have found more useful in anæmia, chlorosis, &c., than these thrice daily at food-time."

Of Mixtures the following are recommended:—Take of

Citrate of Iron and Ammonium, 10 grains
Fowler's Solution, 3 minims
Spirit Ammon. Aromat. 30 minims
Water to 1 fluid ounce.

Mix. Dose: 1 fluid ounce twice a day after meals.

Remarks by Dr. Parker Douglas: "The most efficient Mixture I have found in chlorosis, and simple anæmia." Compare the Mist. Ferri Arsenicalis Alkalina, G.H.P.

Dr. W. E. Tresidder recommends a Mixture equivalent to the Mist. Ferri Cathartica, G.H.P., and Dr. R. M. H. Randell, the Mist. Ferri et Potassi Citratatis, G.H.P., with the addition of 3 minims of Liquor Strychninæ Hydrochloratis.

Of this Mixture Dr. Randell says: "All good effects of iron without upsetting stomach. It has no inky taste, is a pale green colour, and does not decompose."

(To be continued.)

PASS LIST.

UNIVERSITY OF LONDON.

B.S. EXAMINATION.—HONOURS LIST.

FIRST CLASS.

Roberts, Jno. Lloyd, M.D., B.A., B.Sc.
Rogers, Wm. Gusterson

SECOND CLASS.

Davies, Thomas Benjamin Philip
Hodgson, Harold

THIRD CLASS.

Rake, Alfred Theodore
Wohlmann, Arthur Stanley

PASS LIST.

FIRST DIVISION.

Davies, Thomas Benjamin Philip
Hodgson, Harold
Hogarth, Bertram Whewell
Rake, Alfred Theodore
Rogers, Wm. Gusterson
Wohlmann, Arthur Stanley

SECOND DIVISION.

Bueno de Mesquita, Solomon
Roberts, Jno. Lloyd, M.D., B.A., B.Sc.
Salter, Charles Edward
Tebb, Albert Edward
Thomas, Abraham
Young, John

M.D. EXAMINATION.

Brock, Ernest Henry, B.S.
Bryant, John Henry, B.S.
Cuff, Herbert Edmund, B.S.
Evans, Percy Charles
Fawcett, John
Gill, James M'Donald
Hall, Frederick Wm., B.S.
Kitching, C. MacGowan, B.S.
*Maillard, William Job
Mothersole, R. Devereux, M.S.
Richards, Joseph Stewart, B.S.
*Ricketts, T. F., B.S., B.Sc.
Robertson, John
Scott, Arnold
Webber, Henry W., B.S.

* Obtained the number of marks qualifying for the Gold Medal.

B.Sc. EXAMINATION—HONOURS.

Parry, Ernest John

PASS LIST.

Parry, Ernest John

APPOINTMENTS.

The following appointments have been recommended by the Medical Council and approved by the Treasurer:—

Obstetric Residents.—Messrs. J. Young (Jan.); A. S. Wohlmann (Feb.); A. Thomas (March).

Surgeons' Dressers.—Messrs. E. Hunt, H. D. Eccles, J. H. Godson, A. V. Chapman, F. J. Coleman, J. W. Taylor (Mr. Durham); E. Huntley, C. E. Pollock, E. S. Dukes, F. C. Stearn, W. J. Johnson, R. H. Luce (Mr. Howse); S. G. Floyd, T. S. Jackson, F. W. Wilson, F. Hazell, P. E. Bearblock, W. E. Alston (Mr. Davies-Colley); H. B. Bolus, A. H. Card, J. R. R. Pollock, W. Bligh, F. A. Robinson, F. N. Day (Mr. Lucas).

Clinical Assistants.—Messrs. A. M. Daldy, A. T. Rake, T. R. Taylor, H. E. Durham, F. Meadows-Turner, E. T. E. Hamilton.

Dressers in the Eye Wards.—Messrs. C. B. Braithwaite, C. G. F. Morice (Mr. Higgens, Jan.); H. B. Wilkinson, A. W. Sheen (Mr. Brailey, Jan.); J. O. Williams, F. C. Young (Mr. Higgens, March); P. M. May, A. G. Buchanan (Mr. Brailey, March).

Assistant Physicians' Clerks.—Messrs. C. R. Lucas, G. T. Birdwood (Dr. Pitt); J. B. Leathes, H. Cooper (Dr. Perry); C. L. Hopkins, J. D. Thomas (Dr. Shaw); T. D. Manning, R. C. Kirkby (Dr. Washbourn).

Post Mortem Clerks.—Messrs. J. H. Bettington, H. M. Stewart (Jan.—Feb.); A. Shillitoe, A. Chaning-Pearce (Feb.—March).

Obstetric Ward Clerks.—Messrs. C. G. Gregar, T. J. Mills, G. Sichel.

Obstetric Out-Patients' Clerks.—Messrs. A. G. Peters, W. R. Grove, C. C. Elliott (first half); F. P. S. Cresswell, T. D. Lister, L. Slater (second half).

Aural Surgeon's Dressers.—Messrs. C. E. Salter, E. H. Drake (Jan.); H. J. L. Wales, W. Carling (March).

Dressers in Throat Department.—Messrs. A. Reeves, W. Winslow, G. Mackeson, G. F. Still.

Medical Ward Clerks.—Messrs. D. F. Roberts, J. J. Culmer, S. Infield, P. McK. Wilmot, P. H. Hacquoil, F. H. Edwards, F. G. M. Philps, J. W. Eyre, J. J. E. Biggs, J. H. Compton, C. H. Harding, D. M. Beddoe, J. G. B. Coleman, E. Reid, W. E. De Korté, J. H. Joyce, C. E. Cooper, H. A. Munro, A. L. Roper, E. Ransome.

Assistant Surgeons' Dressers.—Messrs. D. A. W. Martin, G. Jimenez, J. B. Winter, A. H. Leete, W. C. C. Park (Mr. Golding-Bird); C. S. Pantin, A. J. Sharp, W. J. Harris, J. A. Howard, F. Cowan (Mr. Jacobson); H. Meyrick Jones, H. Hearnden, J. C. V. Wilkins, A. J. Collis (Mr. Symonds); G. E. Lockyer, A. P. Allan, W. Poole, G. E. Manning, J. W. Eastment (Mr. Lane).

Surgical Ward Clerks.—Messrs. W. D. MacDonald, S. S. Wallis, F. A. Evison, R. H. Moon, T. Burrow, W. C. Pitt, S. Hughes, H. Davies, T. P. King, R. D. Evans, J. W. Sweetlove, T. M. Nicholson, E. S. Roberts, W. L. Garner, W. W. Henson, F. H. Cloud.

Assistant Surgeons' Clerks.—Messrs. E. Henderson (Mr. Golding-Bird); G. Lawrence, A. J. Mathison (Mr. Jacobson); L. C. Burrell (Mr. Symonds); H. W. Beach, R. H. Fagge (Mr. Lane).

Dental Surgeons' Dressers.—Messrs. A. W. Sheen, C. E. Salter (Jan. and Feb.); R. H. Luce, H. B. Bolus (March and April).

Electrical Clerks.—Messrs. G. F. Still, F. H. Edwards, H. A. Munro.

Passim.

THE Editors owe an apology to their public for the late appearance of the present issue. Their special correspondent, on whom they depended for an account of the Wards on Christmas Day, without which the number could not appear, was ill and unable to write it.

THE exceptional qualities of the Guy's Ethiopians, to whom the whole Hospital owes so much, were gratifyingly borne witness to by the success of a performance given by them at Gospel Oak, last Monday before an audience of 500.

WE mention the fact that Mr. A. Allport played for England in the International match against Wales last Saturday in order to congratulate him on this distinction, not to instruct our readers. Their interest in this athlete's performances will not have allowed it to escape their notice.

THE next Nursing Concert will not take place on the 12th, as at present announced, but will be postponed till later on in the month.

WE print in another column a report of the Dental Students' Concert. The Concert will be held annually, and it is to serve as a reunion of past and present Dentals.

THE Committee of the Students' Club have lent the Smoking-room to the Presidents of the Physical Society for the Meetings of Jan. 23rd, Feb. 6th and 20th, and March 19th, upon certain conditions—the most important one being that no patients shall be imported into the College.

THE Students' Calendar for 1892 is in the press, and it is expected to be ready for distribution in the Library sometime next week.

THE index for 1891 will be found with this issue, and subscribers who intend having the volume for 1891 bound should leave their numbers with the Librarian at their earliest convenience.

THE Statue of our Founder was on the last night of the old year the smiling centre of a more than smiling assembly. The usual festivities were more than usually festive, and the singing more than usually hearty, the solo part in Auld Lang Syne being sung with great effect by Mr. Spurrell. As to the details of the ceremony there is some conflict of evidence. We were not there ourselves, but we gather that we might not have been able to give a much more detailed account if we had been.

AN EPISODE IN THE PRACTICE OF ONE OF OUR PHYSICIANS.

Doctor, my patient bids me ask,
And I do but fulfil the task,
Whether you have'nt by mistake
Prescribed for him inside to take
That very perilous machine
Explosive Nitro-Glycerine?

Delighted Galen takes his pen
And answers promptly there and then,
Your patient cannot suffer ill
Providing that he never will
Sit down too hard, nor in the pit
Of his abdomen get a hit;
Percussion is the only mode
To make the glycerine explode.

The patient, tickled by the wit
Of this rejoinder, gets a hit
In his midriff and doth explode,
Shaking the roof of his abode.
Roar upon roar of laughter made
His agitated sides to ache.

GOOSESTEP.

[This may have some bearing upon the recent explosion in Dublin.]—ED.

DENTAL STUDENTS' SMOKING CONCERT.

The Dental Students of Guy's Hospital gave an excellent and most enjoyable Smoking Concert at the Bridge House Hotel, on December 18th last. Mr. Hopson was in the chair, supported by the Dental Staff in the persons of Doctors Silk and Cock, and Messrs. Newland-Pedley, Badcock, Baker, Murray, Pillin, and Rouw. Mr. Fripp came in late and was received with prolonged cheers. Mr. Lloyd and Mr. Mansbridge telegraphed, expressing regret at their absence. About 100 students, medicals and dentals, formed an appreciative audience, and fraternized in quite a Bohemian manner.

The Chairman opened the proceedings in the following speech, splendidly delivered, which we venture to print verbatim, as it expresses all we could wish to say, in the best possible language:—

Gentlemen—You have not come here to listen to a speech from me, rather, I hope, to vie with one another in your endeavours to make this our first "Smoker" a complete success. If such a result is achieved, we may infer that other concerts on perhaps a more extensive scale, will follow in due course. There are, however, one or two matters to which, with your permission, I will just briefly allude.

In the first place, the Committee wish to gratefully acknowledge the patronage which has been accorded their efforts by the Dental Staff, several of whom are honouring us with their presence.

Then again, we have the pleasure of entertaining as our guests, representatives from both the Dental Hospital of London and the National Dental Hospital. So far our relations with gentlemen connected with those institutions have been confined to those occasions upon which some of us have made half-yearly pilgrimages to the Examination Hall. But now that a precedent has been established, we hope to see them much more frequently. Lastly we extend a most hearty welcome to those members of our own Medical School, who have turned up here in such large numbers. I am very glad we are so favoured, for this reason, viz., I regard it as one of the most convincing arguments which can be brought against the suggestion which has been made in certain quarters, that our concert to-night is run, in a measure, in opposition to the usual monthly smokers which are held at the Club. Gentlemen, such an insinuation is made without any foundation. Where is the difference, I ask you, between our meeting together and the London University men meeting together? Surely no one can say that the formation of a University Club at the Hospital has been productive of a breach between 'varsity and conjoint men! Indeed we are deeply sensible of the friendship which has from the first been held out to us. We regard the harmonious relations which have existed in the past as a matter for great congratulation. Of course, we are essentially Dental men, but we, too, are Guy's men, and I venture to assert that the bond of union which unites, and the sense of *esprit de corps* which is admitted to be characteristic of all who are privileged to call themselves Guy's men, will successfully combat with anything which might arise, likely to lead to a misunderstanding between the allied Schools.

The Concert was commenced by a pianoforte solo, well played, by Mr. Lambert. Amongst the artistes were Messrs. Oram, Tábois, Morris, Spon, Bomonji, Sargent, Wallis, Leigh, Allworth, Webb (violin), Frank Allworth (recitation), Hills (violin), Henry, Makepeace (recitation), and Apthorpe. The most popular feature of the evening was "The Kissing Cup Race," recited in good voice and in quite professional manner by Mr. Makepeace. Mr. Morris possesses a fine voice and his "Romany Lass" was so appreciated that the Chairman was obliged to allow an encore, as he did also in the cases of Mr. Oram and Mr. Sargent, whose "Margareta" brought down the house. Mr. Oram sings very sweetly and puts much pathos into his execution; he sang three songs during the evening, "The Cautious Lover" proving the favorite. Mr. Tábois has a good voice, his second song was particularly good, and sung with much spirit.

The Concert ended with the National Anthem and the Dental Anthem:—

"Let our harmony be true, boys!
May we help each other rise,
And great will be the honour
To the Dental School at Guy's."

The only suggestion we should offer is that the comic element should be more represented, particularly as the evening progresses, when men seem, either from wanting their supper or from other reasons, to prefer the coster to the amorous lover.

We all ought to be much obliged to Mr. Stoner, to whose energy the success of the evening was largely due, he having planned and organised the whole entertainment.

TO "S. W."

AN OBLATION TO HIS MUSE.

How strange that in this latter time,
Thy tongue should run in rhythmic rhyme!
How strange thy feet that now must ache,
Should stray these metric feet to make!

Well counselled? Well! to counsel thee,
Were to give honey to the bee;
Still to thy Muse our thanks are due,
An' if that ancient saw be true,

"Whom the gods love must early die."
So must we joy thou didst not try,
Ere now, the sacred strings to sweep,
And thank thy Muse for her long sleep.

December 6, 1891. "FARRAGO."

VOCES POPULI.

SCENE—"GAS ROOM, DENTAL O.P." TIME 10.30 A.M.

Assistant Dental Surgeon chatting with Anæsthetist; Dresser affectionately wiping his forceps; several Students busy looking on.

Enter Female Patient, adroitly maintaining her loosened garments in their normal positions.

Dresser—Your ticket? *(F. P. hands over mysterious blue paper).* Sit down in this chair. *(Dresser proceeds to examine case with a mouth mirror).*

F. P. (alarmed).—You won't do nothin' without the ga-a-as, will you?

Assist. Dent. S.—Don't you think you had better have the chair a little higher, sir?

Dental H. S.—Hurry up with that prop.

Anæsthetist—Now just blow into this, will you?

F. P. (removing mouth prop)—You'll give it to me strong enough, sir. The last time as I had one—— *(Cut short by Dresser reinserting prop).*

Anæsthetist—That's first rate; breathe away. How many do you want to get, sir?

Dresser—Well, there are two in the lower, and I want to do some upper stumps if there is time.

Assist. Surg.—You had better have an elevator ready.

Enter Student noisily, being scowled at by every one; he closes door with praiseworthy quietness, and says, in hoarse whisper—

"Have any of you fellows seen——?"

Feeble Chorus—I didn't see him in at Anatomy.

New Comer—Well, there is a patient waiting for him upstairs—had an appointment for ten o'clock.

(Patient shows signs of becoming anæsthetised).

Dresser—Watch that hand, somebody. Give us plenty of light.

Anæsthetist—Are you ready, sir? One, two, three. *(Dresser falls to it yarely).*

Assist. Dent. Surg.—Go well down for it. There is plenty of time. That's right. Get those pieces out of the mouth.

Anæsthetist—I can't give you much more.

Assist. Dent. Surgeon—You had better leave those upper ones.

Dresser (bloodthirstily)—They are quite loose, sir!

Assist. Dent. Surg.—That will do.

Dental H. S. (thrusting Patient's head forward)—Now then, open your eyes. Let me pull this piece of wood out. Take some water and wash your mouth out.

F. P. (crying hysterically)—Oh, dear! Oh——!!

Nurse (with tumbler of water and spittoon)—Come, come, take some of this. *(F. P. takes some water in her mouth and ejects it vigorously over Students standing around).*

Dental H. S.—Pull yourself together. You are making your dress in an awful mess, you know.

Assist. Dent. Surg.—Have another one in. Will you ring the bell, please?

Student (clerking at table)—How many did you get there?

F. P.—Where have I been to? Are they out? I thought I was going along in the train. *(Nurse conducts her, in a somewhat limp condition, to the "salvarium" behind screen).*

(Enter new case and repeat).

M.

"OUT-PATIENT ROOM, 4.30 P.M., ——DAY AFTERNOON."

Senior Dresser (to Junior ditto) [we do not know how to spell his introductory words, so leave them out]——all! I wish you would put the +es and −es in their proper places; they are all mixed——

Female Friend—Yes, sir! She allus 'as 'ad bad heyes hever since she 'ad the blight in 'em——

Casual Student—Teach me something about eyes, old chap——

Surgeon—Never mind; it's only like a drop o' water. It will do you a world o' good!

J. D. (in undertone)—What liars these people are. I wouldn't give——

S.—Are you quite satisfied about it. Well, I say it is a phenomenon of nature; so if you will permit me I——

S. D.—Now, missis, which is the best, this or that?

Affable Patient—No, sir, I didn't get them through no 'Orspital; they belong to my 'usband's family—my husband's sister's great grandmother bought 'em for fourpence, many years——

J. D.—I say, old chap, I wish you'ld take on this case; really I——

S.—Go over to the light, and sit in the chair as soon as that patient is finished with it.

Very Senior Assistant—Three times on Sunday, three times on Monday, and twice on Tuesday before you come up. Give her a paper to come in first.

P. (very pleased)—Beg pardon, sir! When did yer say I was to begin——

S. D.—Do put the glasses in the right places.

S.—A bit o' this ointment right into the eye——

P. 2nd.—V.E.N.T. Can't see no more, doctor.

V. S. A.—Look at the cupboard; no good—put some 4 grain in—will you?

S.—H'm. I'm sure of it.

P. 3rd—It's only a skin on my eye, sir! Can't you scrape it off?

S.—Nicely! Very nicely! Couldn't be better!——

V. S. A.—You are a naughty little girl; you are guessing the letters.

P. 4th—Oi can't rightly see as there's no difference between 'em.

S. D. (to himself)— + 3 D sph. − 3·50 D cyl. axis.

C. S.—Why do you jig those specs in front of your eye?

V. S. A.—Over there at the cupboard—put on + 8 D, will you?

P. 5th (small boy)—Please, sir, father wants to know why you wanted him to come to-day?

S.—Only to tell him you are shamming!

P. 5th (after a gasp)—Little habitation was situated at the foot of a——

S. D.—That will do—(*meditatively*) J 1 at 11 inches. What a little sinner!

Δ συγγέγραφε.

SCENE—"MEDICAL OUT-PATIENT."

Assistant Physician to two Candidates for the L.R.C.P. *in January.*

Phys. (loq.)—Now, Mr. P. S., are those râles crackling or brittling?

P. S.—Oh! crackling, sir.

Phys. (loq.)—Well, Mr. S. G., what do you say?

S. G. (with a knowing look at chest, and evidently placing but little confidence in P. S.'s diagnosis)—Oh! distinctly brittling, sir.

Phys.—Ah! I thought I should have you. It is the best rub I have ever heard.

Collapse of P. S. and S. G., who were shortly after seen to leave the room and retire to the dispensary for some mist. acidi co.

[The truth of this is vouched for by the *dramatis personæ.*]

R.

MOLIÈRE ON DOCTORS.

Dr. Conklin, Ohio, has contributed an excellent article on "Molière and the Doctor" to the *Transactions of the Ohio State Medical Society, 1891*, and which is worthy of a more extended circulation than it is likely to attain in the pages of an American society report. The writer, whose literary ability is evidently of a high order, presents us, in the course of the article, with a vivid picture of the medical profession as it existed two centuries ago, and displays so much acumen in dealing with the influences of that period on the present, that we think a representative extract may not be unacceptable to our readers. The author says:—

"The medicine of the seventeenth century stands out prominently as one of the greatest landmarks in its history, and the story of its struggles and triumphs enables us to better understand the present and to more accurately forecast the future.

"We fortunately belong to a century which has illumined every department of human thought with learning and genius, and which has done so much for the upbuilding of scientific medicine. But we must not forget that each preceding age has wrought its full share in the evolution of medicine. It fell to the seventeenth century to break the chains of servitude and liberate medicine from the trammels of authority which had so long hindered the coming of modern science.

"To us it seems almost incredible that one of the most difficult lessons the race had to learn was to accept the testimony of the senses; and yet every page of history attests its truth. It is precisely here that we find the difference between ancient and modern medicine. The one concerned itself only with the proofs of authority; the other relies wholly upon the proofs of experiment and experience. Modern medicine acknowledges no intellectual restraint. She bids defiance to tradition, boldly questions authority, and sets precedent at nought. With the present means of intercommunication and interchange of ideas, which bring into elbow-touch co-workers in every corner of the globe, the day of long probation for alleged discoveries has gone for ever. Illustrations crowd upon our attention. The elixir of Brown-Sequah, and tuberculin of Koch, both too recent to need elaboration at our hands, strikingly illustrate the modern method of dealing with new problems. Every new hypothesis is at once submitted to fair but rigid laboratory and clinical tests, and by the result of these must it stand or fall. But opportunities bring with them responsibilities. A past, glorious in its achievements, warns us to avoid the errors of the epoch which we have been considering, lest another Molière should come, gifted with the power to make us 'see oorsels as ithers see us,' and a future splendid in its possibilities lays upon us the obligation to so labour that the profession of medicine shall continue to advance with a broad front to greater victories.

"Amongst many sketches of seventeenth century notabilities, perhaps the most successful portraiture is that of Guy Patin, a Parisian physician, famous in his day for wit, learning, and dogmatism.

"Patin was an active participator in the controversial disputes which raged around him. He combated the Arabians, denounced the surgeons and apothecaries, rejected the Harveian circulation and chemistry. He hated antimony, because it came from the chemists, and cinchona, because it was introduced by the Jesuits. He believed implicitly in Hippocrates and Galen, in the old Faculty, and in Guy Patin. His creed contained but two articles: bleeding, and purging with senna. With a good lancet and a pound of senna, he proposed to cure more patients than the Arabians with their polypharmacy. His love of bleeding was excessive, but in this he only reflected the orthodox practice of the day. He bled babes of three days and his mother-in-law of eighty years. He tells boastingly of a patient who recovered after seventy-two bleedings, and forty purgings."

Correspondence.

To the Editor of GUY'S HOSPITAL GAZETTE.

CROFTS AT GUY'S HOSPITAL.

DEAR SIR,—I am delighted to learn from the letter of A. G. C., in your issue of November 21, that the Croft has almost entirely superseded all other splints in the wards; but as he seems to think that it would not be applicable in general practice, I should like to assure him that the contrary is the case. Personally, I never use any other; it combines the maximum of comfort to the patient, with the minimum of trouble to the surgeon, and is very easily applied. I have never found any difficulty in putting on a Croft without skilled assistance; anyone can hold the two halves in position on the limb whilst the first few turns of the bandage are applied.

Should it be a bad fracture, I proceed as follows:—(1). Make all the necessary preparations, cut out the flannel, put out the plaster, &c. (2). Administer chloroform. (3). As soon as the patient is under, stop giving chloroform, and apply the Croft before he comes round. In working single-handed, after the first few turns necessary to hold the splint in position have been applied, I get a bystander to support the limb whilst I put on one or sometimes two bandages. I then take the limb, make extension, get the fracture into good position, and keep it there until the plaster has set; I then apply another bandage. The whole process takes but comparatively little time; generally speaking I find that I spend about 20—25 minutes in a house. A minor, though by no means small, advantage of using Crofts habitually is that it does away with the necessity of keeping a large stock of cumbrous wooden and metal splints.—Yours truly,

T.

SPLINTS FOR GENERAL PRACTICE.

DEAR SIR,—There is a good deal to be said for the proposal of A. J. C., in the GUY'S GAZETTE, of Nov. 21.

A Croft is perhaps the best form of splint yet invented; but it is one thing to put up a fractured leg in an accident ward at Guy's Hospital, when skilled fingers have cut out the flannel, and mixed the plaster of Paris, when the plaster of Paris is good, when careful hands help to steady the leg, and dressers and nurses can be at hand to loosen the Croft if it should be found to be too tight in the course of the night: it is quite another thing, when you cannot feel quite sure of your plaster, when your patient's bedroom furniture has to be respected, when you have all the work to do single handed, and when too tight a splint may mean an inconvenient night journey for the surgeon.

In the hopes of eliciting the experience of other Guy's men, whose practice may include more frequent cases of fractured limbs than mine, I venture to commend two forms of splint which are not, I believe, in use at the Hospital, but which yet I find useful in a scattered country practice.

The first is the felt splint. The material used, I believe, varies a good deal. Generally speaking, it is a thick felt soaked in resin. You can buy it by the square foot or yard and keep it stowed away behind your book case till you want it.

To use it, nothing is wanted by the surgeon but a little cotton wool (Gamgee is convenient because it can so easily be split into layers of convenient and even thickness), a bandage or two, and some hot water.

In the case of a Pott's fracture for example, you cut out quickly with your pocket knife (or preferably, with your patient's knife) a couple of pieces of the felt boarding of the stocking shape familiar to those who use Croft's splints. These you put to soak in a big basin or foot-bath of the hottest water your patient's friends can supply. While the felt softens you bandage the leg with a layer or two of soft flannel bandage, or with a not too thick layer of Gamgee. The now flexible felt splints are then quickly put on, one on each side of the limb (as in applying Croft's), and are quickly bandaged up. In a few minutes the splints set quite hard. This form of splint is light, always ready for use, and requires very little assistance to apply. If required, it is as easily loosened, and the splints may be re-softened and again fitted on as the swelling of the limb diminishes. I have found this material to answer well in cases of sprained ankle, dislocation (inward) of foot, Pott's fracture, and comminuted fracture of tibia and fibula above the ankle-joint.

Another form of splint which seems to deserve more trial is the silicate. I have tried a saturated solution of silicate of soda, and also a mixture of silicate of soda and potash in the proportion of 1 of the former to 2 of the latter. An eight ounce bottle of this solution (which appears to keep unchanged indefinitely), cotton wool, and a few bandages are all the materials required.

The bandages are of muslin; are soaked in the silicate solution just before using, and are wound on over cotton wool or flannel. This form of splint has the disadvantage, which it shares with the old-fashioned plaster of Paris wound bandage splints in use before the invention of Croft's, of being difficult to loosen. Removal is most easily managed after moistening with a little hot water. This splint has the great advantage that while stronger and more durable than the felt, it is more easy to apply than the Croft, makes less mess, and requires only a solution which is *always* ready for use when wanted, and which is easily carried in the great coat pocket or hand-bag.

I have tried, too, a silicate Sayre's jacket, which was quickly applied, dried very hard and was, I thought, less thick than a plaster of Paris Sayre's jacket. The child, however, was not well looked after, and the lower part of the jacket at the back was too quickly softened by urine. Possibly painting or varnish might lessen this objection.

At any rate, the application of the jacket was a simpler affair than that of a plaster Sayre's jacket would have been.

I would suggest that a bottle of silicate solution, and a small stock of felt for splints might be added to the armaments of the surgery. House Surgeons and Dressers would then be able to try them in cases of bad sprained ankles, occasional Pott's fractures and other suitable fractures. The only remark I would wish to add is that the success of every form of splint in actual practice depends more upon the familiarity and skill of the surgeon than upon the shape or material employed. The last Croft which the House Surgeon applies, before he seeks the seclusion of private practice, will probably be a much better splint than the first which he so laboriously applied when he first came on; and in the same way he must expect at first not to find himself very handy with felt or any other material with the nature of which he is unfamiliar, till practice has made him perfect.

R. J. RYLE.

Nov. 24th, 1891.

Dear Sir,—Lest it should be thought that there was all play and no work during Christmas week, I enclose you the following notes of cases treated on the surgical side between 10 a.m., December 23rd, and 10 a.m., December 29th:—

TREATED IN THE SURGERY.

DATE.	NO. OF CASES.	FRACTURES, ETC.
Dec. 23	35	Clavicle. Ulna.
,, 24	45	2 cases of radius and ulna. 1 fibula. 1 subglenoid dislocation with probably separation of the tuberosities.
,, 25	51	8 fractures of forearm just above wrist. Some of these involved both bones; the rest were varieties of Colles. 1 fibula (no dislocation). The 8 fractures of the forearm were all due to slipping on the thawing streets.
,, 26	57	1 radius and ulna. 1 Pott's. 1 sub-coracoid dislocation of humerus.
,, 27	46	1 ulna. 1 clavicle.
,, 28	53	1 radius and ulna. 1 sub-coracoid dislocation.
,, 29	80	1 sub-coracoid dislocation.
Total ...	367	cases treated in the Surgery.

We have left a nice legacy in fractures to the new Assistant House Surgeons.

WARDS.

The surgery was the hardest work, but we were not idle in the Wards.

The cases admitted into CORNELIUS included, amongst others:—

4 bad fractures of tibia and fibula.
1 T shaped fracture of lower end of femur into long knee joint.
1 dorsal dislocation of femur.
1 dislocation backwards of manubrium (fractured mesosternum).
1 fractured sacrum.
1 fractured ribs.
1 compound fracture of humerus (amputation).

There were also the ordinary scalp wounds and concussions. On the last day we had 8 cases over number in CORNELIUS. This, with the fact that nearly all the cases admitted were drunk, will give some idea of how hard the nurses had to work.

In MARTHA we had—

2 fractured neck of femur.
1 bruised hip (? fracture).
1 compound fracture lower $\frac{1}{3}$ tibia and fibula.
Numerous quart pot wounds, all drunk.
1 case of strangulated hernia (operation).

In LAZARUS the only general cases were a stricture and a strangulated hernia (operation). We, however, filled the Ward with accidents, including a partially divided radial artery.

It is interesting to note that we had only one Pott's fracture. The state of the streets accounts, however, for this; the foot must be fairly firmly fixed to get a Pott.—Yours faithfully,

FRANCIS WELLFORD.

Jan. 3rd, 1892.

NOTES ON EXALGINE GELSEMIUM AND COCAINE.

DEAR SIR,—Perhaps the following notes may be of interest to your readers:—

CASE I. In a case of severe headache I gave exalgine gr. j. every four hours without effect. Subsequently tincture of gelsemium in 10 mins. doses every four hours relieved the severe pain.

CASE II. Cancer of the liver; exalgine given in 2 grain doses every four hours produced no effect. Nepenthe in 15 mins. doses acted very successfully.

CASE III. I gave a lady suffering from facial neuralgia exalgine in 5 grain doses 4tis horis. After the second dose she nearly fainted, and experienced a sense of weakness in all her limbs, more especially her forearms. I saw her try with difficulty to lift a large teapot. After a glass of wine and rest all the unpleasant symptoms passed off. It was satisfactory to find that her neuralgia disappeared. In later attacks of neuralgia I found tinct. of gelsemium in 15 mins. doses 4tis horis relieve the same patient.

Though applying cocaine of various strength in many hundreds of cases of throat and nose troubles, I have only had experience of unpleasant symptoms in one case, and that was in my own person. It is curious that this

only occurred on two occasions recently, though I had often used cocaine on myself previously. The first occasion was when I had a bad cold and sprayed both nostrils with a four per cent. solution. I experienced a pain at the back of the neck, with a peculiar sense of langour and feeling of weakness in the arms. Indeed, while examining patients at the London Throat Hospital, it was quite an effort to manipulate the nasal speculum while sitting down, an operation I need hardly say necessitating raising high the arms. On the second occasion the same effects were produced with a twenty per cent. solution applied to the left inferior turbinate bone, previous to having it cauterized. On both occasions the symptoms passed off in about half an hour.—Your obedient servant,

FREDERIC VICARS.

DEAR SIR,—Yesterday I was talking to a friend about Ruskin's Scheme for getting the Oxford men to employ some of their superfluous time and energy in road making. To-day I was on our new field at Honor Oak Park, and it occurred to me that it might be possible to organize a gang of Guy's men to do some of the levelling work. It would want careful arranging so as not to interfere with the rights of the British workman. Could you help, Sir, to find out if any of our men would take part in the work, and whether such a Scheme is possible? —Yours truly,

E.

EFFECTS OF COLOUR UPON HEALTH.

From several years' observations in rooms of various sizes, used as manufacturing rooms, and occupied by females for twelve hours per day, it was found that the workers who occupied those rooms which had large windows with large panes of glass, in the four sides of the room, so that the sun's rays penetrated through the room during the whole day, were much more healthy than the workers who occupied rooms lighted from one side only, or rooms lighted through very small panes of glass. Another very singular fact was noted, viz:—that the workers who occupied one room were very cheerful and healthy, while the occupiers of another very similar room, employed in the same kind of work, were all inclined to melancholy, and complained of pains in the forehead and eyes, and were often ill and unable to work. Upon examining the rooms in question they were found to be equally well ventilated and lighted. Nothing could be discovered about the drainage of the premises that could affect the one room more than the other, but it was observed that the room occupied by the cheerful workers was wholly whitewashed, and the room occupied by the melancholy workers was coloured with yellow ochre. The yellow ochre was washed off, and the walls and ceilings whitewashed, with the result of a very marked improvement in the health and spirits of the occupants.

ANCIENT SURGERY.

In turning over the pages of Cheselden's Anatomy we chanced upon two cases of much surgical interest. The first occurred in the practice of a Mr. Punt, a surgeon of Cambridge, and is thus related by him:—

"I was called to a poor woman, a few years since, with a mortification upon the abdomen. I cut away the mortified part, and found some of the small guts mortified. I cut off so much of them as could not be saved, and stitched the sound part of the gut to a sound part of the wound, near the navel; to which it afterward adhered, and she recovered and voided her excrement that way without any notable inconvenience; and at every stool part of the gut would thrust out, without any pain, like a Prolapsus Ani: but about a year after the cure she died of the stone. The mortification was made by laying hot bricks to her belly for the cholick, some of which burnt her, and when the slough cast off, a gut appearing, a female surgeon took it for a blister and clipped it, upon which the excrement came out of the wound, and then they sent for me."

In the second case the operation was remarkably like that now in vogue with Sewn's plates:—

"Thomas Brayn, of Yeaton, in the parish of Burchurch, and county of Salop, a doctor of cattle, maketh oath, that about ten or twelve years agone he was sent for by a farmer or husbandman, who lived near the village called Maesbrooks, and very near to the river Verney, in the said county of Salop, to have his advice about an ox he had, which was there sick by reason he could not dung; he had been drenched by several beast-doctors before this deponent came to him. This deponent feeling this ox in the condition he was in, told the owner that if he would venture his ox he would do him what service he could in the curing of him, which the owner consented to, and thereupon this deponent opened the ox in the flank and took out great part of his bowels, upon searching of which he found there was a perfect stoppage in the guts; and the gut was about the stoppage putrified for about three-quarters of a yard, whereupon this deponent cut off so much of the gut as was putrified and took it quite away, and then drew the ends of the guts which remained sound after what was cut off together upon a hollow keck (*or rod*), which was about three or four inches long, and sewed the said ends of the guts together upon the said keck, leaving the keck within the guts, and then sewed up the hole cut in the hide upon the flank of the said ox; and this deponent further saith, that within the space of one hour after this operation was performed, the ox dunged; and the piece of the keck which the said ends of the gut were sewn upon and left within the guts, came away from the ox with the dung, whereupon the ox recovered and lived to do the owner service several years."

Jurat, decimo septimo die Julii, Anno Dom. 1716 Coram. THOS. HUNT.

The mark of THOMAS BRAYN.

Sport.

RUGBY FOOTBALL.

1ST XV. v. THE CIVIL SERVICE.

This match was played on Saturday, December 19th. "Acris hyems jam venit. hyems non æqua to football." This, in plain English, was the complaint of many football clubs in London, on Saturday morning, and owing to the severe frost a large number of fixtures had to be abandoned. Guy's however and the Civil Service thought they had better decide their match in spite of the weather. The ground was dangerously hard and rendered good play impossible. The Hospital won by 5 goals, one of which was a magnificent kick by Hancock from a "mark" by Bettington, and 3 tries to 1 goal. The game needs no comment.

The tries were obtained by Bell 2, Robertson 2, Jewell, Collins and Cooper 1 each; from these Shorland placed 3 and Hancock 1 goal.

The Rugby Union card of fixtures for the first half of the season stands as follows:—

1ST XV.

Opponents.	Result.	Goals & Tries for.	Points for.	Goals & Tries Agst.	Pts. Agst
Dulwich...	won	3g. 4t	22	—	—
London Welsh	won	3g. 2t	19	—	—
Rosslyn Park	drawn	1t	2	—	—
Kensington	drawn	—	—	—	—
Swansea	lost	—	—	4g. 2t	23
Croydon	won	1g. 3t	10	1t	2
East Sheen	won	1g. 2t	9	1t	2
Northampton	won	5g. 3t	30	—	—
Old Merchant Taylors...	won	1t	2	—	—
Civil Service...	won	5g. 3t	30	—	—

2ND XV.

Brockley	won	3g. 1t	16	—	—
Dulwich II.	won	2t	4	—	—
Middlesex Wanderers ..	drawn	2t	4	—	—
Crusaders	won	4t	8	—	—
St. Thomas's Hosp. II.	won	1g. 2t	9	—	—
Finsbury Technical ...	won	3g. 3t	18	—	—
Kensington II.	won	1g.	5	1t	2
St. Bart's. Hosp. II. ...	won	1g. 1t	7	—	—
Crusaders (return) ...	won	1g. 5t	15	1t	2
Brockley (return)... ...	won	2t	4	1t	2

3RD XV.

Sidcup II.	won	1g. 2t	9	—	—
Cheswick Reserves ...	won	2g. 3t	15	—	—
Croydon III.	won	3t	6	—	—

NOTICE TO CORRESPONDENTS.

The Editors wish it to be understood no communications can be inserted which are not guaranteed by the name of the sender. All articles must be written on one side of the paper only.

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The annual subscription to the GAZETTE *is 6/6, post free 7/6. All financial communications, as well as subscriptions, should be sent to the Financial Editor,* Mr. C. H. WELLS, MEDICAL OFFICE, GUY'S HOSPITAL.

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Guy's Hospital Gazette,

JANUARY 23, 1892.

CLINICAL LECTURE ON PERICARDITIS

By Dr. GOODHART.—Jan. 9th, 1892.

The case taken for the subject of this lecture was that of a boy aged 16. His family and personal medical history were clear.

Dec 7th. After supper he was seized with severe pain across the chest. The pain in his chest continued for a week before he came to the hospital; he did not at any time have pain in any of his joints, and in addition to the pain across his chest complained only of restlessness and occasional retching before entering the hospital.

15th. He was admitted into Clinical. The area of cardiac dulness was enlarged upwards, to the left and over the sternum; there was a to and fro rub, but the impulse and heart sounds were distinct. The pulse was soft, irregular, dicrotic and feeble: 96 to the minute.

19th. Pulse 90; the heart sounds deadened and the impulse lost; dulness still further increased. An exploratory puncture was made in the 4th space internal to the nipple, and ʒii of fluid came away. Dr. Pye-Smith determined to tap the pericardium and remove the fluid. But only ʒiiiss of clear fluid was obtained. It has often been observed that the removal of even a small quantity of fluid from the pericardium is attended with much relief; but in this case it does not appear that it was so, the boy remaining much the same, although slowly improving since. Pleurisy developed first on one side then on the other. The fluid was examined for tubercle bacilli with a negative result.

1. Pulsus paradoxus, in which there is an intermission of the heart beat at the height of inspiration, was present in this case, and Dr. Goodhart had observed it in three out of four cases of severe pericardial effusion. It occurs also in adhesive mediastinitis, and is then ascribed to the movements of the chest compressing the aorta by tightening the adhesions in the mediastinum surrounding it.

2. Pain is unusual in simple pericarditis, indicating as a general rule accompanying pleurisy.

3. Restlessness and distress are commonly experienced, so much so as to give rise to a sense of impending death.

4. Lividity from pressure on veins is very general.

5. Œdema of left arm and head and neck, due to compression of the left innominate against the sternum, is sometimes seen.

6. The impulse is frequently displaced by the intervention of fluid between the apex and the wall.

7. The cardiac dulness is most often increased in the directions in which it was found to be increased in this case; but it may extend beyond the impulse, and if so that would be a good place for paracentesis, although it is not usually made use of in that operation. But the symptoms do not give precise information as to the amount of fluid present. The fluid is generally found high up in the early stages. It not infrequently collects only or principally in the pouches at the back of the heart, and then if symptoms are given they are those of

mediastinal growth rather than of pericardial effusion. In one case in Dr. Goodhart's experience 2½ pints were stowed away in these pouches, bulging them back into the mediastinum, and the ordinary symptoms of fluid in the pericardium were altogether wanting. Or again, the distended pouches of the pericardium may push the lung forward over the front of the heart, and actually diminish the area of dulness. Another way in which the signs of pericarditis may fail is by the dulness of an accompanying pleuritic effusion stretching up to and merging with that of the pericardial. Lastly, the symptoms of a largely dilated heart closely resemble those of pericardial effusion: there will be not only extensive dulness but feeble pulse, and breathlessness common to both conditions. For while a heart enlarged from hypertrophy alone may not give rise to an enlarged area of dulness, owing to the apex being twisted and tilted away from the wall, so that the impulse does not represent the limit of the heart; a heart that is dilated as well as hypertrophied always gives increased dulness.

Dr. Goodhart next spoke of the causes of pericarditis.

1. Rheumatism accounts for the greater number, and for many cases in which a rheumatic history is wanting. The pericarditis may in some cases actually precede and be the first symptom of the rheumatism, while in others it may follow it as a second attack. In the case under discussion the accompanying pleurisy is in favour of a rheumatic origin.

2. Renal disease is the next great cause; but acute nephritis rarely sets up pericarditis, which is generally a late symptom in bad and generally fatal cases of nephritis.

3. Acute infective osteomyelitis, not now so often seen as it used to be, is very generally followed by pericarditis; clinically, however, this has not been observed, possibly because it is only a late symptom.

4. Tubercular disease of the pericardium may give rise to a pericarditis with effusion.

Pus in the pericardium Dr. Goodhart said should be regarded as a distinct disease; just as an empyema may be found in children often on the second or third day, indicating an origin independent of serous pleuritic effusion, so pus in the pericardium need not be preceded by pericardial effusion; it is then due to a septic condition, and may be traced sometimes to bad drains.

Lastly, Dr. Goodhart spoke of the treatment—

1. Rest and sleep are of the first importance.

2. Among drugs, opium is given empirically. Its use in severe hæmorrhage is probably similar; in both cases it appears to have the power of sustaining the heart. It also does good by its soothing effect on the nerves, and by checking inflammation as in the old treatment of inflammatory conditions with calomel and opium. Salicylates, it is generally said, should be dropped in rheumatism on the appearance of pericarditis, but Dr. Goodhart thought they often did no harm, and should then be adhered to. Digitalis he thought a much more doubtful remedy, but sometimes it might be used with discretion. Ice, blisters and poultices might be found useful.

3. Paracentesis should only be resorted to if the symptoms (dyspnœa, etc.) are imperative. It is not, Dr. Goodhart thinks, advisable in acute cases; acute inflammations settle down and get quietly absorbed. But if the condition gets gradually worse and worse, if the circulation begins to fail, there is much distress, and from increasing distention pressure symptoms are marked, then it may become necessary.

The spot generally selected is in the fifth space, one inch from the sterum, but if there is dulness outside the impulse, Dr. Goodhart would prefer to reach the pericardium there, because of the chance of better drainage, although it is necessary to go through the pleura.

Physical Society.

The meeting of this Society, on January 9th, was held in the Library, Mr. Meadows-Turner taking the chair. The following cases were exhibited and discussed:—

The case of a boy suffering from tubercular disease of the ankle, who fell eight months ago and hit his forehead on the ground. On the morning after the fall a large lump appeared with a circumference as big as that of a five-shilling piece. This lump had persisted without any alteration in its size being noticed. This case was shown by Mr. Davies, who described it as a hæmatoma under the periosteum, the hardness round the edges being due to the bone thrown out by the raised periosteum. The lump was situated just above the right superciliary ridge. The treatment he would suggest was to aspirate it and then apply mercurial ointments.

Mr. FLEURY preferred to consider it a cystic-sarcoma of bone. He thought the history of its origin might be misleading, too much importance being attributed to the blow by parents, who could not otherwise account for the phenomenon. The duration, and still more the ring of bone round it, were against the diagnosis of hæmatoma.

Mr. RAKE said that its sudden appearance pointed to its being a hæmatoma, the absorption of which had been prevented by subsequent inflammatory changes. The hardness was then the natural consequence of periosteal inflammation, and was due to new bone formation.

Mr. A. J. SHARP said that the fact that it had not increased or diminished in size since its first appearance was remarkable and of importance in the diagnosis. But he remembered having diagnosed a swelling in an infant as cephalhæmatoma, from the ring of bone surrounding it, and from its size remaining unaltered: but treatment with evaporating lotions, against his advice, had in that case confounded his prognostications.

Mr. LONG inclined to the belief that it was a cephalhæmatoma. If it had not been so hard, it might have been a node.

Mr. STILL had observed that the hardness was confined to the lower part of the lump, and that even there it was irregular. He had detected a depression between two hard prominences on the lower edge.

Mr. SHEEN advanced a suggestion that it was tubercular in nature. The history had arisen from the necessity of an explanation, and did not explain it. Cephalhæmatoma did not occur except in infants, and in this case there were other tubercular lesions to bear out his view.

Mr. ROGERS thought that primarily the lesion may have been either a hæmatoma or a dent in the bone, but that subsequently it had taken on a chronic tubercular character.

Mr. TAYLOR said that hæmatoma, cephalhæmatoma, sarcoma and tubercle had all been distinguished in this remarkable tumour: it remained only to add a taint of syphilis, and the explanation would be complete.

Mr. DAVIES, in summing up, said that on the whole he inclined to the view taken by Mr. Rogers as the most probable.

The next case was one of cleft palate and hare-lip in a girl of 13, also shown by Mr. Davies. He said that the question here was one of treatment. There was not only the serious deformity, but the more serious defect of speech. But was it too late in life for operation to be successful?

Mr. RAKE remembered a girl whose upper jaw had been removed by Mr. Jacobson. Her power of speech was completely restored when a plate had been put in; but Mr. Pedley had at the time remarked that had the girl not learnt to speak clearly before she lost her palate, no plate would at that age have given her the power of learning.

Mr. LONG was not sure that the palate could be closed, although the deformity in the lip could most probably be successfully treated. He would like to suggest an operation in which the zygoma on each side should be divided so as to allow pressure on the maxillæ to be exerted, and the cleft in that way to be closed

Mr. TAYLOR said that Mr. Lane had succeeded with the operation in a girl of the same age. The case was one the Society would remember, as it was the first of his recent successful transfusions.

Mr. SHEEN thought that flesh and blood was preferable to vulcanite or any other form of plate; and the operation would probably succeed after the second or third attempt.

Mr. DAVIES, in conclusion, said that he agreed with Mr. Rake. He thought the lip might be closed, but that it would be better to be content with a plate for the palate.

The next case was shown by Mr. Daldy: an errand boy, aged nine, who nine weeks ago ran against a cupboard and knocked his testis. The morning after the blow the testis swelled; the swelling had then later on broken down, and for some time there was a discharging sinus, but this had closed, now three weeks ago, and was healed over. The testis had been pronounced by Mr. Howse to be tubercular. The enlarged epididymis could clearly be made out. The question whether it might not be gonorrhœal in origin, or else secondary to phimosis, he thought was set aside by the fact that it was not tender, and that though the prepuce was long it was easily retractable. The curious points about it, if it was tubercular, were the traumatic history, the course of the affection, the formation and subsequent closure of a sinus, the softness of the enlarged cord, and the loss of testicular sense. Mr. Howse intended to remove the testis, as he thought that the best chance of preventing general infection would be before puberty was reached.

Mr. ELLIOTT noticed that the boy had a cough. He wished to know whether the boy was free from other forms of tubercular disease.

Mr. LONG pointed out that there was nothing peculiar in the formation of a sinus in a tubercular testis, and

that that feature in the history was really in favour of the diagnosis of tubercle.

Mr. LAWRENCE suggested that the simplest explanation was that there had been an acute orchitis followed by a chronic tubercular epididymitis.

Mr. DALDY, in reply to Mr. Elliott, said that though the boy was on the surgical side, his chest had been examined. There were no râles, a few rhonchi occasionally, some cough and some night-sweating. Mr. Long had misunderstood him. He had said that the healing of the sinus, not the formation of the sinus, was against the diagnosis of tubercle. To conclude the matter, it had been pronounced tubercular by Mr. Howse.

The next case, also shown by Mr. Daldy, was a man aged 40, who eight months ago fell and hurt his wrist, and then for six months had felt pain in it, which he dated from the morning after the fall. After that, *i.e.*, two months ago, a swelling appeared. This swelling now occupied the upper end of the fourth and fifth metacarpal bones and the carpal bones about them. At the back there were two prominences giving fluctuation, and separated by an interval in which no fluctuation could be made out. There was also a discharging ulcer in front. Mr. Daldy said that out of chronic synovitis, osteo-arthritis, multiple ganglia, tubercular or syphilitic disease of joint or bones, sarcoma and gout, he would be inclined to select syphilis tubercle and gout as the most probable causes of the phenomena. The discharge from the ulcer was not white, and under the microscope showed no crystals of urate of soda. The man had had a hard chancre, but no, or very slight, secondary symptoms, and under such conditions severe tertiary manifestations were unusual. Lastly, there was no history of tubercle in the family. Mr. Howse had pronounced in favour of syphilis, and was giving mercury.

Mr. SHEEN said he would diagnose subperiosteal sarcoma. There was a two months' history, and recently rapid growth; there was distinct crepitus, as he had observed, over the fifth metacarpal, and that bone was decidedly more movable than was normal. The prominences were due to cystic degeneration, and the freedom from pain was quite in accordance with his view.

Mr. STEELE suggested that osteo-asteritis and Morrant-Baker cysts might explain all the phenomena, and the crepitus in particular.

Mr. TAYLOR thought that with the alcoholic history of which Mr. Daldy had spoken gout was most decidedly not put out of the question by the cursory examination of some of the discharge by a dresser.

Mr. RAKE was not sure if osteo-arthritic joints ever broke down, but if they did, that was the best diagnosis.

Mr. DALDY, in reply, said, with regard to sarcoma, two months was not long enough for that disease to produce the symptoms present in this case; the wrist was a very unusual place for sarcomata. The ulcer had been open for three weeks, and if sarcomatous would now be fungating, and not covered as it was with small unhealthy granulations. Morrant-Baker cysts were unknown at the wrist, and the diffuse nature of the swelling, with its two budding prominences and the redness of the skin, were also against such a diagnosis. Osteo-arthritis, if of tubercular origin, he thought might break down and ulcerate. Lastly, he wished to protest against the way in which Mr. Taylor had lightly and slightingly spoken of the skill and carefulness of a former colleague.

The next case shown was a farm labourer from Essex, with an obscure affection of the skin. Mr. Leathes, who introduced the case, said the trouble began two years ago with a dirty white spot on the patient's upper lip; this had grown and become a sore which subsequently was sometimes well enough to allow the patient to shave; at others, as now, was much inflamed and quickly coated with dried exudation. In the winter of '90-'91, a similar dirty white spot appeared at the back of the patient's neck, grew to the size of a walnut, and then, healing at one side while it spread on the other, had crept round to below the angle of the jaw, where it was now to be seen, having left a scarred track behind it to mark its course. There was another sore of a similar nature but more recent on the other side of the patient's neck, and a fourth, which in some respects resembled a carbuncle, on his hand. There were two other sores on the chest and three scars of old ones now healed. The patient had attended Dr. Perry's out-patients for some months, had been treated at first for syphilis, and had shown signs of improvement under the treatment. He had been recently admitted on Dr. Perry's recommendation as a case of either perifolliculitis or tinea. As to the latter diagnosis, hairs had been examined for spores, but with a negative result; as to the former, Mr. Leathes was not in position to speak.

Mr. LONG said that the only indications of syphilis he had been able to detect were a doubtful scar on the right tonsil, and the fact that the right testicle was smaller than the left. The patient was not married; he confessed to having exposed himself to infection twenty years ago.

Mr. TAYLOR said he thought the scarring and chronic course of the infection pointed towards lupus.

Mr. STEELE had watched the case for some months at the out-patient department, and offered a suggestion to explain why specific treatment had not been pushed.

The next case, also shown by Mr. Leathes, was that of a man aged 33, admitted for tremors. The face muscles and the tongue were especially affected, but the left arm and leg were also "weak," as the patient said, although they really had considerable muscular power, being tremulous and out of control rather than weak. Next to the tremors the most prominent features of the case were the speech and mental condition. The speech was stammering, slow and confused. There was no true aphasia, and though letters were often mispronounced it was not any particular letters or groups of letters that gave difficulty, but sometimes one and sometimes another. As to the mental condition, there was loss of memory; he could not, for instance, say how long he had been ill, nor where he had spent the last few months; he had been at Guy's before, but did not know when nor in which ward.

He exhibited a general want of intelligence in answering questions, and would repeat the same answer to several different questions. He could spell his name, but when he tried to write it left out half the letters, and put the others in the wrong order without realizing any mistakes. No satisfactory history had yet been obtained, but it appeared that the patient had been in the Army, and had had a sore that might have been specific, but there were no signs of syphilis visible. An alcoholic history was probable from what he had admitted. There were no sensory symptoms, no nystagmus, no strabismus. The pupils were dilated, equal, and reacted to light, though sluggishly. The reflexes were present, the knee-jerks being exaggerated, and appearing as a succession of clonic contractions, instead of a single one. The name the patient gave did not appear in the old reports, so his case had not been traced back.

Mr. ELLIOTT remembered the patient, and said he was in in 1890 for tremors, but at that time there was no mental affection and no affection of speech; he was in for a few weeks and got better, recovering his power of touching his nose with his eyes shut.

Mr. RAKE wished to know for certain about the alcoholic history. He quoted the saying "To the alcoholic all things are possible." He thought the case was of interest as it was so common for obscure nervous cases to be put down as "possibly going in for G.P.I." and then to go out and never be heard of again. Here was a case which had turned up a second time.

Mr. LONG said the patient's wife had said that the patient was in on the previous occasion for five weeks and had gone out cured.

Mr. STILL thought that as the symptoms were unilateral G.P.I. was out of the question. But the character of the speech did not agree with insular sclerosis.

Mr. MEADOWS-TURNER also remembered the patient, who was at that time mentally clear, but did not really get better.

Mr. LEATHES, in reply, said that with all his deficiencies the patient was perfectly happy, talked of having been at one time as strong as a bullock, but showed no other tendency to exalted ideas. The speech was suggestive of G.P.I. in that syllables were run together and confused instead of being kept very distinct as in insular sclerosis.

As the extra half-hour which had been voted had now elapsed, another case which had been exhibited was not discussed, and the meeting was declared at an end.

RECENT PUBLICATIONS.

Althaus' Pathology and Prevention of Influenza. Cr. 8vo., Longman's 2/-

Auld's Pathological Histology of Bronchial Affections. 8vo., Churchill, 7/6.

Braithwaite's Retrospect of Medicine. July to December, 1891. Cr. 8vo., Simpkin, 6/6.

Creighton's History of Epidemics in Britain, from A.D. 664 to the Extinction of the Plague. 8vo., Cambridge, 18/-

ABSTRACT OF ANSWER TO THE MEDICAL COMMENTARY SET AT THE LONDON M.D., DECEMBER, 1891.

I.

ON THE GENERAL DIAGNOSIS AND A DISCUSSION OF THE MORE IMPORTANT SYMPTOMS.

After reading through the report of the case, it is clear that we have to discuss a chronic illness, associated with a swelling in the hepatic region and with a disturbance of the functions of the liver.

The noteworthy points in the history are that the patient, æt. 47, has been a soldier for 22 years; he has had gonorrhœa, but not syphilis; his habits have been temperate and regular.

Twenty years ago he had dysentery for one year, from which he completely recovered. Chronic ulceration of the colon lasting long after an attack of dysentery may give rise to suppuration in the liver, but such a possibility is hardly worth considering after a lapse of twenty years.

He has been strong and active and has enjoyed excellent health for the twenty years since his return from India. We may therefore exclude any chronic malaria. His illness commenced two years before his death, with vague rheumatic pains in his right side and shoulder. Pain referred to the angle between the acromion and the clavicle is a common sympton when there is mischief near the upper surface of the liver.

The attack of giddiness and dimness of sight was some reflex disturbance of the heart's action, which may, among other causes, have been due to pain, to some sudden yielding of the hepatic tissue, or merely as a result of disordered hepatic function.

We are not given the result of a physical examination of the patient at this time, and it is not possible to decide what was amiss, but there was evidently some severe organic lesion, as the patient never regained his health, and during the succeeding year the following symptoms were noted:—Hepatic pain, shortness of breath, general weakness, considerable loss of weight, dropsy. The last three indicate some serious defect in an essential nutritive process, and if this be some hepatic function, it is clear that even then a large portion of the liver must have been affected.

The dropsy might also have been caused by a large tumour pressing upon, or interfering with the circulation in, the inferior vena cava by traction on the diaphragm.

When admitted, his failure in nutrition is evidenced by wasting, anæmia, anasarca.

The anæmia, the slightly jaundiced appearance of the eyes, and the purplish mottling of the legs indicate that there was some breaking up of red corpuscles with liberation of blood pigment, producing a yellowing of the conjunctivæ, and extravasation of pigment into the dependent parts beneath the skin, this condition would also help to produce the anasarca.

Pains.—

1. Dull heavy pain in right lumbar region.

2. Occasional burning pain in the hepatic region shooting round to the back.

3. Pricking feelings referred to the epigastrium.

The first would be explained by a greatly enlarged liver pressing upon structures posteriorly, and by inflammatory or merely pressure changes in the interior of the liver.

The second and third are probably due to involvement of the peritoneal surface of the liver, whether inflammatory or merely from tension.

Physical examination revealed great enlargement in the right hypochondriac and epigastric regions, and the lower portion of the chest up to the region of the nipple was bulged out by a large smooth tumour extending up from the level of the umbilicus and bounded above by a curved line, which in front passed through the upper level of the fourth rib, and curving downwards reached behind to just above the angle of the scapula, and on the left side to the level of the ninth rib.

Such a curved line is typical of the upper limit of a subdiaphragmatic tumour.

Let us first consider whether any lesions above the diaphragm can account for the absence of breath sounds and voice sounds, and the dulness over the lower parts of the thorax, which are indicated above.

A. Malignant thoracic growth.

B. Pleuritic effusion.

C. Thoracic aneurysm.

D. Pericardial and pleuritic effusion.

E. Cardiac enlargement with pleuritic effusion.

F. Hydatid in the pleura or lung.

G. Solid lung.

A. *In favour of growth* are—

1. The frequent similarity between the physical signs of growth and of fluid in the pleura.

2. Dyspnœa.

3. Blood occasionally in the expectoration.

4. Bulging of the chest wall.

5. Marked loss of flesh.

6. The enlargement of the liver would then also be explained by malignant growth.

Against this.—The improbability that a large growth should involve both the anterior and posterior parts of the base of the lung, and be bounded above by a curved line, and yet the root of the lungs and the anterior and posterior mediastina, with the lymphatic glands should be free.

A two years' history would be exceptionally long. The question must be decided when discussing the condition of the liver.

B. *Pleuritic effusion.*—The upper level of the line of dulness would have been horizontal or higher behind than in front. It is possible that there may have been a small amount of fluid at the base, but this fails to explain the dulness in front.

C. *Thoracic aneurysm.*—A large aneurysm compressing the lower part of the right lung might explain some of the physical signs, but the absence of any pressure symptoms or of any tumour along the course of the ascending, transverse or descending aorta, excludes this as the cause.

D. The dulness in front to the right of the sternum cannot be due to pericardial effusion, because the heart's impulse is vigorous and the sounds to the left of the sternum are loud.

E. The cardiac impulse is diffused over the 5th and 6th spaces and extends to one inch to the left of the nipple. There is no valvular lesion. It is clear that the large mass on the right side would displace the heart up and to the left, which would sufficiently explain the diffused impulse outside the nipple. There is probably no great enlargement, and this as a cause of the dulness, &c., may be at once excluded.

F. Hydatid in the chest. Usually in the right axilla, but even if a cyst explained the dulness in front it would fail to explain the other signs, while a subdiaphragmatic mass is sufficient to produce all the dulness.

G. *Solid lung.*—Probably some of the dulness is due to collapsed airless lung, but only as a secondary result. Consolidation due to any fibroid or chronic pneumonic process would have given bronchial breathing or consonating râles.

It is therefore practically certain that the main lesion lies below and not above the diaphragm.

The physical signs are those of a large, smooth, firm tumour occupying the region of the liver, which moves with respiration, is not painful on percussion, is dull, and offers a marked resistance on percussion. Its upper limit in front extends to the fourth rib, and behind on the right side above the angle of the scapula, and on the left to the ninth rib. Its lower margin is a somewhat horizontal line, one inch below the umbilicus, sloping up to the left. It is indented at one place, and the fingers can be pushed behind its right portion.

This indicates an enormously enlarged smooth liver, the lower margin of which is palpable.

A. Hydatid.

B. Abscess.

C. Cancer.

D. Lardaceous.

E. Cirrhosis.

F. Leuchæmia.

G. Subdiaphragmatic collection of fluid.

H. Peritoneal hydatid.

I. Abdominal malignant growth.

A. *In favour of hydatid.*—

1. Long history, two years.

2. Insidious onset.

3. Steady increase in size.

4. Absence of marked jaundice, ascites and albuminuria.

5. The exaggerated curvature of the upper surface, while the lower part of the liver is smooth and uniform. This would be explained by a mass projecting from the upper part of the right lobe.

6. The enormous size of the tumour, yet the patient was well enough to be about and was able to stoop.

Against hydatid.—

7. Great failure of health with loss of flesh.

8. Dilatation of the abdominal veins.

9. Œdema.

10. Pains, both dull and sharp, and of a dragging character when lying on the left side.

11. Occasional pyrexia.

12. Slight jaundice, sufficient to affect the urine and fæces, but not enough to stain the skin.

Although these symptoms are not usually present with a small hydatid, yet they may all be produced by any very large hepatic tumour, whether due to hydatid or not.

Pyrexia may be due to catarrh or to local inflammatory changes in the liver or the cyst, and but few very *large* cysts run their course without some pyrexia.

B. *Abscess.*—(2), (3), (4), (5), (7), (8), (9), (10), would favour this diagnosis, but the absence of rigors, hectic fever, diarrhœa, and rapidly increasing emaciation, together with the frequent periods of improvement under treatment, quite exclude this view. The history of dysentery 20 years previously has no bearing on the case.

Nor for the same reasons is there evidence to lead us to conclude that the case was one of a suppurating hydatid.

C. *Cancer.*—In favour of this are, the enormous size of the liver, the pain, the dilatation of the abdominal veins, and the failure in health; none of these are, however, conclusive, they all result from the great size of the liver.

While against it are (1), (2), (4), and the surorthicess of the hepatic surface. The evidence is on the whole greatly against cancer as the characteristic signs are wanting, and there is therefore no reason for supposing that the physical signs in the chest are due to growth.

D. *Lardaceous.*—In favour of this are the size, the long history, the failure of health, the œdema, the huge uniform, smooth, dense firm liver, and the absence of ascites, jaundice and pyrexia.

Against it are the normal size of the spleen, the absence of albuminaria, of a large spleen, of a history of either suppuration or syphilis, and of vomiting or diarrhœa. The great projection upwards of the right lobe in front is against a uniform enlargement of the organ, such as occurs with lardaceous disease.

E. *Cirrhosis.*—(1), (2), (3), (6), (7), (8), and (9), are in favour of this, while against it are the absence of jaundice, ascites, enlargement of the spleen, diarrhœa, vomiting, piles, and the history of any efficient cause, such as alcohol, syphilis, or malaria.

F. *Leuchæmia.*—The same symptoms as in E would favour this as the cause of hepatic enlargement, but against this view are the absence of splenic enlargement and tenderness and of a malarial history.

G. *Subdiaphragmatic Collection of Fluid.*—The physical signs can be explained by such a collection of fluid between the diaphragm and the liver. Pus, as Dr. Fagge pointed out, may collect here, but more usually below the left portion of the diaphragm, but in the present case the symptoms do not point to a large *abscess.* A few cases have been recorded after injury or rupture of the liver, in which bile-stained fluid has collected between the liver and the diaphragm, as in a case of Mr. Lane's last year, but in the present case there is no history of injury.

Under this heading we may also consider (H), an hydatid cyst lying free, between the liver and the diaphragm. In such a case we should not expect the vertical dulness to be much greater over the right than over the left lobe of the liver. The great failure of nutrition, the slight jaundice and the pains, are more in favour of a cyst embedded in the liver, which also is a far commoner site.

I. The possibility of a malignant growth in the alimentary canal; stomach or colon, *e.g.*, contiguous to the liver, so as to form the edge of the indentation which is mentioned, may be considered. This would imply that the enlargement of the liver was due to growth, but this has been shown to be improbable.

The most probable lesions are A, H, D or E, and of these the evidence is all in favour of hydatid. The shape, the high position of the upper part, and the history, indicate a very large hydatid in the upper part of the right lobe of the liver, and would not agree so well with a diagnosis of cirrhosis or lardaceous disease.

We have seen that the history, the condition of the thorax and of the abdomen and the symptoms, are all explicable by a hydatid, which has been large enough to push the diaphragm high up, producing dulness at both bases of the chest, but more on the right side, and to push the heart to the left, and the lower part of the liver below the umbilicus.

It is much more common for the hydatid to be located in the liver than to lie loose above the liver beneath the diaphragm, and the history of this case would also support this view.

II.

Means of arriving at a Positive Opinion.

Explore with a long small syringe needle in the lower part of the right axilla, when if the cyst had been tapped hydatid fluid would have been drawn off.

III.

Cause of the Fatal Termination.

The patient when stooping was suddenly seized with intense pain in the epigastrium and in the right side; no additional symptoms could be made out in the abdomen, but the heart's action was tumultuous. Nine hours later, a similar attack proved fatal.

The extremely disturbed heart's action, the dyspnœa, and the rapidly fatal termination, indicate thoracic trouble.

The hydatid may have ruptured into the:—

1. Lung.
2. Pleura.
3. Pericardium.
4. Hepatic vein, with escape of small cysts into the inferior vena cava.
5. A clot may have become dislodged from the hepatic veins and formed a pulmonary embolus.

No evidence of (1). Either (2) or (3) would account for the symptoms; (2) is the more probable, as it is a far more frequent termination. (4) is a very unusual event, and the symptoms both in (4) and (5) would probably not have abated under treatment. The most probable explanation is, therefore, rupture into the pleura.

IV.

TREATMENT.

During the early stage of the disease, before the cyst became very large, aspiration through the right axilla, with removal of a portion of the fluid contents might have resulted in shrinkage of the cyst, and a practical cure.

After the cyst became large, this would probably not have been successful, but would have resulted in suppuration, in consequence of the large amount of fluid and the disturbance of a thick cyst wall. It would, therefore, be better to drain it freely under antiseptic treatment. The cyst might be drained from the front, by an opening immediately below the ribs, but probably more successfully through the right axillas, and diaphragm, removing a portion of rib if necessary, and turning back the serous membrane to shut off the pleural cavity.

The pains would have required poultices, turpentine stupes, counter-irritation or cupping, with the administration of some form of opium, possibly hypodermically when the pain was worst.

A very nourishing, concentrated, easily digested diet, with a small amount of alcohol to improve the nutrition.

Mist. Pot. Acetatis Co. An ounce t.d.s., with an Iron and Nux Vomica pill gr. v. at night, when necessary, to relieve the œdema and to regulate the bowels.

If extreme, Southey's tubes might have been used to reduce the œdema, but probably they were not necessary.

V.

PROBABLE POST MORTEM APPEARANCES.

A wasted body. The liver greatly enlarged and excavated by an hydatid cyst six to eight inches in diameter, occupying the upper portion of the right lobe, and projecting from its upper surface. The cyst wall thick, lax, adherent to the diaphragm, with a recent rugged perforation through both of them, opening into the base of the right pleura. The sac half empty, owing to the escape of the fluid into the pleura, the total amount of the fluid probably exceeding five pints. Fluid with a S.G. about 1008, opalescent, and containing a small amount of soda salts, and very little, if any, albumen. That in the pleura will also contain some flakes of early lymph, due to recent pleurisy, and will contain more albumen than the fluid found below the diaphragm. Hydatid hooklets and small hydatid cysts will probably be abundant. The base of the right lung will be collapsed, and that of the left lung only slightly so. Pus in the bronchial tubes. The heart will be displaced upwards and to the left, probably healthy: white friction patch where right ventricle has been pushed up by diaphragm. The liver will be pushed downwards. The alimentary canal, the kidneys, and the spleen will be healthy.

G. NEWTON PITT.

NOTES FROM THE DISPENSARY.

BISMUTHI CARBONAS.—This salt is now employed instead of the subnitrate in the preparation of Mist. Bismuthi Sedativa and Mist. Bismuthi of the new Guy's Hospital Pharmacopœia. The chief advantage possessed by the carbonate is that it is compatible with alkaline carbonates, whereas with the subnitrate a slow decomposition with evolution of CO_2 occurs. The old Mist. Bismuthi Sed. was open to the objection that unless it were allowed to remain some hours after being mixed, in an open vessel, so as to allow the decomposition to be entirely completed, and the CO_2 to escape, it was not safe to put it into a bottle. The carbonate is not quite so heavy as the subnitrate. It can be easily diffused in a mixture, and even after long standing can be readily shaken up. I believe authorities are divided in their opinions as to the rôle played by insoluble bismuth preparations in dyspepsia. If absorption is desired, there can be no doubt but that the carbonate is better than the subnitrate; at any rate in a test tube it is much easier to dissolve in dilute HCl. the former than the latter.

B.P.C.—These letters occur after a number of preparations in the new G.H.P., and, as explained in the preface, mean the British Pharmaceutical Conference. The Conference is a voluntary organization of pharmacists and of others interested in pharmacy, having for its object the encouragement of pharmaceutical research. The Conference publishes from time to time a collection of formulæ of new preparations and drugs, drawn up by a committee of practical pharmacists. This formulary serves the useful purpose of bringing to notice the best methods of administration of new drugs. It acts as a precursor to the British Pharmacopœia, for in the last appendix are to be found formulæ taken from the B.P.C. book.

The progressive spirit of the G.H.P. Committee is shewn by the fact that our Pharmacopœia includes most of the B.P.C. formulæ. Guy's Pharmacopœia is, therefore, in advance of all others, and quite up to date.

BROMIDE OF STRONTIUM.—Professor Germain Sée, at a meeting of the Academy of Medicine on the 27th October, 1891, read a very interesting communication upon Bromide of Strontium, a salt which he has just introduced into therapeutics. He has especially studied the action of this substance in affections of the stomach, and he has obtained very good results in dyspepsia; also in Bright's disease, epilepsy, &c. It is given in doses of 2 to 4 grammes, to be taken after each meal. No bad results follow from its use if the salt be pure and free from barium compounds. Strontium belongs to the same class of metals as barium, and is generally found associated with it. Barium compounds are highly poisonous, but those of strontium are not toxic.

M. Germain Sée advises the use of the bromide or lactate of strontium. These compounds crystallize in the form of needles with six equivalents of water. They dissolve in their own weight of water at 30° C., and twice their weight at 100° C.

H. COLLIER.

Passim.

THE subject of Mr. Sheen's paper at the meeting of the Physical Society to-night has been changed. It will not be, as announced on the Society's Cards, the Pineal Gland, but one of greater practical interest, the disease Anthrax. The change will meet with the approval of, at any rate, many for whom the useful has more attractions than the curious.

WE publish elsewhere the first list of Life Members and Subscribing Members of the Clubs' Union. It is a goodly list, but it is hoped that there will be many names added before the Union publishes its Doomsday Book containing its rules and those of the constituent Institutions, with the complete list of original members. This publication is expected shortly, from what we hear.

THE publication of Dr. Carrington's Pathological Notes is another of the coming events of which we hear favourable reports. Dr. Goodhart, who worked so much with Dr. Carrington, has consented to write an introductory chapter, which will add greatly to the value of the work. The exact date of the issue is not, we believe, fixed; it will depend on the arrangements for the illustrations, some of which are to be copied from the drawings of Dr. Moxon, in the Post Mortem Room.

THOSE in search of rooms or lodgings may be glad to see the notices of another University Settlement, which have been sent to the Medical School Office. Trinity Court, in the Camberwell Road, is in connection with the Trinity College (Cambridge) Mission, but the advantages of residence there, are open to others as well as Trinity men. Mr. J. H. C. Dalton is the head of the lay Settlement, and from him all particulars may be obtained, at 131, Camberwell Road.

RESIDENTS at such Settlements are, we believe, very glad to have Medical Students among their numbers. The art of living in large towns, which is the object of their study, touches on the questions in which medical men are most interested at many points.

A MOVEMENT is on foot at St. Thomas's Hospital to institute a Union on lines similar to those of the Guy's Hospital Clubs' Union. Opposition at present seems to be clamorous, but we hope that if the scheme is adopted, it may be as successfully and skilfully carried out as it seems to have been here.

THANKS are due to Mr. C. F. Wakefield for the trouble he took in indexing the Volume of the GAZETTE for 1891. It is no light labour, nor would it be of any interest to one who had not the fortunes of the GAZETTE much at heart.

THE Rugby Union Football Club wishes us to give notice that any Freshmen, joining the Hospital in January, who play football, are desired to give in their names without delay to the Captain, H. Cooper, or the Hon. Sec., E. T. Shorland. Their attention is also directed to the Board in the Colonnade on which all football notices are duly posted.

AT the Intermediate Examination this week for the London M.B., Guy's has been represented by twelve or fourteen men. We wish them success, such success as Guy's men have a right to.

THE Secretary of the Athletic Club wishes us to state that arrangements are now made by which all members of the Clubs' Union become members of the United Hospital Hare and Hounds. Both the President and the Captain of the latter are supplied by Guy's, and in future, no doubt, many of the runners will be also. A list of fixtures is given in another column.

MR. SYDNEY GRUNDY, in "A Fool's Paradise," now being played at the Garrick, gives the

public a picturesque view of life at Guy's. A senior physician obligingly conveys to the nurses such messages as, "Kindest remembrances from all the Staff," "Love from the House-Surgeon," and "Kisses from all the Students." The last with alacrity. What does Mrs. Sydney say to this? There is also an author "on Poisons," who, failing to sell his book, distributes copies with his compliments among the nurses, "for they are all half doctors."

IN "A Letter to a Friend," written by Sir Thomas Browne, probably about 1660, rickets is alluded to as a new disease, but very much on the increase. It would be interesting if any further light could be thrown on the history of this disease. From modern views of its nature, we should expect it to be as old as errors in diet, and, therefore, as the human race itself. In the same passage he says, "Quartan Agues are become no strangers in Ireland; more common and mortal in England; and though the ancients gave that disease very good words, yet now that bell makes no strange sound which rings out for the effects thereof." And again, "Polydore Virgil delivereth that pleurisies were rare in England, who lived but in the days of Henry the Eighth." These observations are of some interest from the historical point of view in pathology.

FROM the same letter it appears that the tradition as to the shape of the nails in tubercular subjects dates back to Cardan. "In consumptive diseases some eye the complexion of moles. Cardan eagerly views the nails, some the lines of the hand, the thenar or muscle of the thumb; some are so curious as to observe the depth of the throat-pit, how the proportion varieth of the small of the legs unto the calf, or the compass of the neck unto the circumference of the head." Cardan's observations are referred to again by this author in this sentence: "who having also been much troubled with the gout, brake the rule of Cardan, and died of stone of the bladder." Does gout preserve against stone?

EVERYONE is remarking on the expansion that has taken place at the Medical School Office. It is not to be wondered at that increased room was wanted, for the amount of work to be done in the Dean's office is measured by the activity of the School, and when one thinks of the added responsibilities of the last year or two—the College, the Dental School, the Clubs' Union, as well as the increase in the number of students—the wonder is that one extra room is sufficient.

THE new calendars are now ready, and may be obtained on application at the Medical School Office. We note an improvement, consisting in the insertion of the days of the week, in addition to the date, of each item, for which weak memories will be grateful.

VOCES POPULI.

SCENE—"SMOKING ROOM OF CLUB.—SATURDAY MORNING."

Large attendance. Quiet man sitting on the "Daily Graphic," and trying to read the "Nineteenth Century." Four Rugby Football Forwards keeping the fire warm—one with large pipe, very genial. Group of men excitedly discussing a curious garment of red satin.

First Enquirer—It belongs to Frank Morton: wore it at the last Smoker, you know. It's what he "Knocked 'em in the Old Kent Road" in.

Second ditto (sporting and disappointed)—Ah, thanks; thought it was a horse-cloth.

Popular H. P. (out of work)—It belongs to old "Droopers." Help me on. *(They do so. Tableau.)*

Eminent Football Player—Blowed if they haven't turned my coat inside out again. *(Scrimmage. Quiet party in arm chair is subject to a deal of inconvenience).*

Noisy Johnny—'Ullo, white face.

White Face—'Ullo, 'En-er-i.

'En-er-i (who wants an arm-chair)—I see you're "posted." Out you come. *(More annoyance to quiet party).*

Amateur Vocalist (smoking shag)—You know he's very weak in his top notes. *(Quiet party thinks if he only smoked speaker's 'baccy he be strong enough anywhere).*

Gent. (who is interested in the "Masses")—And what do you think of Toynbee Hall?

Eminent Footer Player (anxious to be civil)—Well, I haven't read it yet, but if you say it's good I'll get it from Mudies'.

Enquiring Gent. (collecting statistics, to tall man with eye-glass)—Could you tell me whether you have had any of these fevers? *(Tall man hesitates and is lost).*

Frivolous Friend—Have you got that strabismus down?

Second ditto—I say, just percuss out his liver.

Pushing Youth (to quiet man, to whom he is a total stranger)—After you with *Pick-Me-Up.*

General babble—So he got scarlet fever and they wrapped him up in cotton-wool and he played half-back against Richmond in patent leather boots and pulled it off at 4 a.m. in Sparrick's Row dancing the pas de quatre with the best team in London till strong men wept and the gym was full of cranny desquamation so we're going to win the Surrey Cup if it's not a retention cyst.

First Candidate (discussing College)—Does Joe think he's got through?

Second ditto—He doesn't know yet, but when you call the acarus scabiei "a wood louse" the prognosis is bad.

Third ditto (old pal)—Well, I'm *sur*-prised.

Bar Attendant—Is Mr. 'Arris 'ere? There's a card waiting.

Mr. Harris (tired and an Extern)—It's not me; it's the one with the beard.

(Quite party, previously unaware of his close proximity to an extern, gathers up the "Century" and departs to the Reading Room, followed by a creeping sensation in the calf of the leg).

(The rest left smoking).

GUY'S HOSPITAL DENTAL DEPARTMENT.

PRACTICE DURING DECEMBER, 1891.

Gold Fillings	206
Amalgam ,, ...	126
Osteo ,, ...	133
Perm. G.P. ,, ...	33
Temp. G.P. ,, ...	144
Artificial Crowns	16
Scalings	21
Dressings	185
Attendances for Mechanical Appliances	45
,, Extractions under Anæsthetics ...	415
,, ,, without ,, ...	314
Advice	46
Total	1684

EXAMINATION PAPERS.

UNIVERSITY OF LONDON.

M.B. PASS EXAMINATION, 1891.

Medicine.—1. Give an account of the ætiology, clinical history, and treatment of Ague. What are its chief complications and sequelæ? 2. On what clinical signs can a diagnosis of Typhlitis and Perityphlitis be founded? Discuss the causation and treatment of this condition. 3. What alterations in the Voice may be associated with morbid conditions of the Larynx? Discuss their ætiology and diagnostic significance. 4. Describe the symptoms and morbid anatomy of Tubercular disease of the Kidney. What treatment would you adopt? 5. Enumerate the principal clinical forms of abnormal action of the Heart. Explain generally their ætiology; and indicate the principles of treatment. 6. Describe the appearance and clinical history of Psoriasis. Give its differential diagnosis from (*a*) eczema; (*b*) lichen; (*c*) syphilitic eruptions.

Obstetric Medicine.—1. Under what circumstances is the condition known as spurious pregnancy most likely to occur? Give the diagnosis and treatment. 2. Describe the causation and treatment of brow presentation. 3. Give the causes, appearances, and most usual situations of vaginal thrombus. State the complications to which it may give rise during and after labour, and its treatment. 4. Enumerate the causes of a rise of temperature during the first week after delivery; and state how you would distinguish the less important from the graver ones. 5. Describe the varieties of carcinoma of the cervix uteri from a pathological point of view. Give their usual mode of extension. What are the indications, in any given case, for or against a radical operation for the removal of the disease? 6. Describe the pathology and treatment of membranous dysmenorrhœa.

Forensic Medicine.—1. In a house partially consumed by fire a dead body is found. What indications would guide you in forming an opinion as to whether death preceded or was caused by the fire? 2. Under what circumstances do the questions of Pregnancy and Recent Delivery come before a Court of Law? Give the physical signs of the latter condition. 3. Describe the putrefactive changes after death (*a*) when the body is from the first submerged in water, (*b*) when it is exposed to the air. 4. Give the symptoms and treatment of Poisoning by Belladonna or Atropine. How would you determine that a clear solution contained Atropine? 5. The body of a recently-born infant is found with a suspicious mark round the neck. The mother states that she was unconscious during delivery, and that, on regaining consciousness, she found the child dead with the umbilical cord tightly surrounding its neck. What indications would enable you to form an opinion as to the truth or otherwise of this statement? 6. What legal formalities have to be observed before a person can be placed under restraint as a Lunatic?

Surgery.—1. Describe the most common fractures taking place within the upper four inches of the adult femur. State the signs by which they may be recognized, and give the treatment of each. 2. Describe the different varieties of hare-lip, and the operations for the cure of each form. 3. Give the symptoms, diagnosis and treatment of rheumatoid arthritis (osteo-arthritis) of the knee. Describe the pathological changes that occur in the disease.

General Pathology, &c.—1. Discuss the pathology of Fatty Degeneration. Indicate the changes, both macroscopic and microscopic, which it produces in the principal organs and structures in which it occurs. 2. By what drugs or other treatment is it possible to diminish the arterial blood-pressure? State in what diseases such treatment is useful, and what are the indications for its employment. 3. How would you proceed to disinfect (*a*) typhoid stools; (*b*) a room after scarlet-fever; (*c*) a patient convalescing from small-pox? 4. State what variations in the number, size, and form of the red corpuscles of the blood may be due to pathological causes. Show how these variations can be accurately determined. 5. Enumerate the chief agents used as Vesicants. For what purpose are they practically employed. 6. What diseases are known or believed to be conveyed to mankind by the consumption of meat and of milk? Describe the best prophylactic measures to be adopted in each case.

ROYAL COLLEGE OF SURGEONS OF ENGLAND

DIPLOMA OF FELLOW.—FIRST EXAMINATION.

Anatomy.—1. Describe fully the tributaries of the Internal Iliac Vein. 2. Describe the articulations connecting the Ribs and Vertebræ. Mention the joints which deviate from the general type of arrangement. Give the relations of the first Costo-vertebral Articulation. 3. Describe the Arytenoid Cartilage and the Muscles attached to it, with their actions and nerve-supply. Give an account of the development of the Larynx. 4. Describe the tendons of insertion of the Extensor Communis Digitorum, from their entrance into the sheath in the posterior annular ligament to their termination, together with the various structures which unite with them in the hand.

Physiology.—1. Describe the mode of secretion of the Mammary Gland. Enumerate the organic constituents of Milk. Give the method of separating each. Discuss their relation to allied chemical bodies. 2. Give an account of the more important experiments illustrating the influence of the nervous system upon the Arterial Pressure in the different parts of the body. 3. Describe briefly the ultimate distribution of the Auditory Nerve. Discuss the experimental and other evidence upon which our knowledge of its functions is based. 4. Describe the glands of the Stomach. What are the characteristics of the various constituents of the Gastric Juice? Give in detail their effect upon Food-stuffs. Illustrate your statements by a description of experiments.

Correspondence.

To the Editor of GUY'S HOSPITAL GAZETTE.

TWO MONTHS AT THE SOUTH WESTERN FEVER HOSPITAL.

DEAR SIR,—A friend of mine, who two months ago acquired the right of tailing off his signature with the letters M.R.C.S., L.R.C.P., recently, with much trepidation I believe, undertook his first *locum tenens*; and when he returned to Guy's at the end of the week he narrated his adventures; and the case which had pleased him most was one of scarlet fever, which he had diagnosed, notified, isolated, prognosed and treated, he said successfully. He was pleased because, owing to the teaching received during November and December at the South Western Fever Hospital, he had been able to diagnose scarlet fever on the 7th day of the illness, after the disappearance of the rash, and when desquamation was almost imperceptible.

As a member of the first of the classes held, a few remarks may be of interest to some of your readers.

We were a class of twelve, nine of whom came from Guy's. After going through a formal ceremony at Norfolk House, where it took the clerk of the Metropolitan Board of Works and two other clerks a quarter of an hour to receive our respective three guineas and give us permits to study, we adjourned to Hope Brothers' establishment on Ludgate Hill, to be measured for the brown holland suits in which we have perambulated the fever wards.

The scheme of study laid down for us by our teacher, the Medical Superintendent, was as follows:—during the first hour he gave a practical sort of lecture on the fever to be studied; a visit to the P.M. room, if there were any cases there, followed, and the rest of the time, an hour to an hour and a half, we went round the wards receiving clinical instruction.

The course consisted of sixteen meetings of the class. At the first a lecture was given on the general principles of infection, fever, &c., and we went into the enteric wards; at the second and third the subject of enteric fever was taken, and also taught clinically; at the fourth and fifth, scarlet fever with clinical instruction; and so on through the course. On those days when the lecture was on some rarer fever, such as cholera or small-pox, we received clinical instruction in scarlatina, diphtheria, &c.

For practically the only fevers in the Hospital are scarlet, enteric and diphtheria, and we saw a large number of these cases; but we also saw cases of varicella, measles and typhus, so that small-pox was the only one of the English exanthems not shown us.

Occasionally we were taken to the reception room to diagnose new cases just entered.

We have had two months' valuable work, and not the least remarkable part of our labours was the rush for the electric railway at about half-past one, a hungry rush, for we did not reach Guy's for lunch till after two. During our lunches we have exchanged ideas, and unanimously agreed that, owing to the courtesy of our teacher and the very great pains he has taken with us, we have really learnt something of these fevers, and have never grudged any fee less than the three guineas each, paid for the two months course at the South Western Fever Hospital.—Yours truly,

A. M. D.

[Letters from "'O," "J," and "Blunt Scalpel" are unavoidably held over until next issue.]

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THE NEW PHARMACOPŒIA.

NOTES BY THE SECRETARY OF THE PHARMACOPŒIA COMMITTEE.

(Continued.)

APERIENTS.—For these there are numerous suggestions, and most of the formulæ will be found in the British or Guy's Pharmacopœia. I print only the following:—Take of

Aloin ½ grain
Jalapin ½ grain
Gingerin ⅓ grain

Mix for 1 pill.

Remarks by Dr. T. B. Luscombe: "Mild in action: small size a great advantage." On the other hand, the expense almost precludes its use in hospital practice.

There are numerous witnesses to the value of Glycerine for the purpose of rectal injection, the quantity required being 1 or 2 fluid drachms. This enema is particularly recommended in Typhoid fever, and when it is necessary to give an injection to children. Glycerine suppositories (now official) are stated by Dr. Renel Atkinson to be a "safe, quick and pleasant method of inducing an action of the bowels in babies and children." Speaking of enemata, I may introduce to the notice of the readers of the GAZETTE a method of treatment "in some forms of intestinal obstruction, when it is desired to distend the bowels." Dr. Bunting recommends an "enema of carbonic acid in water by connecting a well-charged Syphon with the enema pipe."

BRONCHITIS.—Take of

Carbonate of Amonium 16 grains
Syrup of Tolu ½ fluid ounce
Tincture of Squill 40 minims
Compound Tincture of Cinchona 2 fluid drachms
Spirit of Chloroform 4 minims
Rose Water 2 fluid ounces

Mix. Dose: 1 fluid drachm every 4 hours.

Remarks by Dr. J. Davies: "Stimulating expectorant in bronchitis and pneumonia." Dr. Soper recommends for bronchitis and winter cough the Mist. Scillae Ammoniata, G.H.P., with 20 minims of Compound Tincture of Camphor instead of 40. The following prescriptions also fall under this head:—Take of

Sulphate of Quinine 1 grain
Extract of Hemlock 3 to 5 grains
Dilute Hydrobromic Acid 4 minims
Water to 1 fluid ounce

Mix. Dose: 1 fluid ounce every 4 hours.

Remarks by Dr. W. T. Caldwell: "For chronic bronchitis in old people, dispensed as a solution, preserved with a little spirit, much preferred to taking as a pill. The quinine acts as a germicide, and the purulent discharge is removed." Compare the Mist. Conii. Co. G.H.P. and Pilula Conii. Co., B.P."—Take of

Tartarated Antimony ¼ grain
Spirit of Chloroform 12 minims
Tincture of Opium 7 minims
Burnt Sugar 3 grains
Water to 1 fluid ounce

Mix. Dose: 1 fluid ounce 3 times a day

Remarks by Dr. R. Wood: I have found this a good Mixture for bronchitis and cough.

BURNS.—Dr. T. Davies recommends the following prescriptions:—Take of

Oxide of Zinc 80 grains
Resin Ointment 1 ounce

Mix.

For burns where there is much weeping.—Take of

Liquefied Carbolic Acid 34 minims
Eucalyptus Oil 15 minims
Olive Oil ½ fluid ounce
Linseed Oil ½ fluid ounce.

Mix.

"As a dressing for burns, scalds, and wounds, I have found this very useful."

CHRONIC CONSTIPATION.—Take of

Sulphate of Iron 2 grains
Extract of Nux Vomica ½ grain
Extract of Socotrine Aloes 1 grain
Capsicum in powder ½ grain

Mix for 1 pill.

Remarks by Dr. W. C. Lacey: "A laxative. Most useful in chronic constipation, given every or every other night for a time."—Take of

Dried Sulphate of Iron 2½ grains
Socotrine Aloes ½ grain
Extract of Belladonna ⅙ grain
Extract of Nux Vomica ¼ grain

Mix for 1 pill. Dose: 1 pill 3 times a day after meals; reduce to 2, and then to 1, when necessary.

These pills are very similar to the Pilula Nucis Vomicæ et Ferri, G.H.P.

As "Dinner Pills" the following are recommended:—Take of

Purified Ox-Bile 2 grains
Extract of Barbadoes Aloes 1 grain
Rhubarb in powder 1 grain
Extract of Nux Vomica ½ grain

Mix for 1 pill. Dose: 1 pill to be taken daily for a few days before a mid-day meal.

Remarks by Dr. Nevins: "Produces a simple, soft, natural motion, and strengthens both the appetite and the digestion, and also peristaltic action, in cases of sluggish bowels arising from want of appetite and expulsive power."—Take of

Pepsin 1 grain
Extract of Rhubarb ½ grain
Extract of Socotrine Aloes ½ grain
Powdered Capsicum ½ grain
Canella Bark in powder 1 grain
Extract of Gentian 1 grain

Mix for 1 pill.

Remarks by Dr. Lacey: "Stomachic and laxative. A good dinner pill."—Take of

Extract of Socotrine Aloes 2 grains
Extract of Hyoscyamus ½ grain
Ginger in powder ½ grain
Extract of Dandelion ½ grain
Extract of Nux Vomica ¼ grain

Mix for 1 pill. Dose: 1 before dinner daily.

Remarks by Dr. J. Davies:—"For chronic or habitual constipation in elderly people."

(To be continued).

SMOKING CONCERT.

On Saturday, the 16th, the first Club Smoking Concert of the year was held, under the able presidency of Dr. Webber. The programme was again so varied and extensive that it is quite impossible to deal with it in detail. Mr. Curling Bates—whose large private practice has in no way dimmed his histrionic talent—"fetched" the house with two amusing sketches. Mr. Allport explained why he didn't get a try against Wales, and Mr. Roper showed us where Mr. Pender-Smith keeps his medicine notes. Mr. Lang exemplified his powers over the piano in a masterly manner, and Mr. Charles Spurrell's "Ho, Jolly Jenkin" was magnificent. Messrs. Coulson, Henson, Hanson, Alston and Blasson contributed greatly to the evening's harmony, and to the latter's plaintive enquiry "Can it be true," we can only say that at present we don't know, but we hope it isn't. Mr. Alexander sang the "Longshore Man" with an extempore break-down, and also "Father O'Flynne." By-the-bye, Father O'Flynne and Sister Mary have now so often appeared on the same platform that nobody would be surprised (or sorry) if they chummed up and went away for a time.

Our best thanks are due to Messrs. Lidderdale and Creswell for their able presidence over the piano, and also to Dr. Webber for the trouble he took to arrange the concert. The room was not so crowded as usual, but there was far too much talking during the songs to be agreeable either to the performers or to the majority of the audience.

Sport.

RUGBY FOOTBALL.

INTER-HOSPITAL CUP.

The drawing for the Cup Ties has resulted as follows:—

FIRST ROUND.

(A) London v. St. Thomas's.
(B) Guy's v. Charing Cross (Jan. 26, 1892).
(C) University v. St. Mary's.
(D) Middlesex
(E) St. George's
(F) King's College
(G) St. Bartholomew's
(H) Westminster

SECOND ROUND.

(I) Winner of A v. Winner of B
(K) Winner of C v. D
(L) E v. F
(M) G v. H

SEMI-FINAL.

(O) Winner of I v. Winner of K
(P) Winner of L v. Winner of M

FINAL.

Winner of O v. Winner of P.

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Head-quarters.—Raynes Park.

FIXTURES.

Jan. 16	...	Ordinary run.
,, 23	...	Ordinary run.
,, 30	...	Ordinary run.
Feb. 6	...	Inter-Club run with Hampton Court H. & H.
,, 13	...	Members' long distance Handicap.
,, 20	...	Ordinary run.
,, 27	...	Ordinary run.
Mar. 5	...	Challenge Cup Contest.
,, 12	...	Closing run.

Short-distance Handicap to be arranged.

All Club runs and Handicaps start from head-quarters at 3.20 punctually. Train from Waterloo (South station) at 2.42. Head-quarters 4 minutes' walk from Raynes Park Station.

Entries for Members' Long-distance Handicap close on February 9th. Entrance fee 1/6.

Advertisements.

Cliftonville, Margate.—Resident Patients.

M.D. Lond., F.R.C.S. Eng., married, residing in a commodious house facing the sea, with tennis court in front, also good balcony, wishes to receive two or three RESIDENT PATIENTS. Drainage of house guaranteed *perfect*. Terms moderate.—Apply M.D., Carlton House, Dalby Square, Margate.

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WANTED by a Guy's Man, a Practice or Death Vacancy, in a good place, on South Coast preferred, not far from London. Can find cash up to £1,200.—J., c/o Mr. Well's, Guy's.

Notice.

All Communications, Articles, Letters, Notices, and Books for Review, should be forwarded, accompanied with the name of the sender, to the Editor, GUY'S HOSPITAL GAZETTE, *Guy's Hospital, S.E.*

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Guy's Hospital Gazette,

FEBRUARY 6, 1892.

NOTES ON TWO CLINICAL LECTURES BY MR. DURHAM ON THE SUBJECT OF HÆMORRHOIDS.

Mr. Durham, who in the course of his lecture pointed out that the object of clinical lectures was not to teach systematic surgery so much as to give hints and the results of experience on points of common practical importance, said he selected this subject as one of the commonest complaints, and one, therefore, on which hints might be especially valuable. He pointed out that this complaint was one to which patients of all ages were liable—the young less than the middle-aged, the middle-aged perhaps more than the old; in children alone could it be said to be rare. Good living rather increased than diminished this liability. Sedentary habits, alcohol and tobacco, all of which had often been regarded as responsible for the production of piles, were none of them the constant cause, as the worst piles might be seen in men who spent their lives in active exercise, or in those who abjured alcohol or tobacco. The complaint, besides being common, was one which might be difficult to treat in patients who were unwilling to give up their occupations for a week or two and submit to operation. Of all forms of varicose veins this was probably the commonest, and this fact could be accounted for by anatomy. "A touch of liver," hepatic congestion that is, by causing portal obstruction, tended to produce or exacerbate a distended condition of the superior hæmorrhoidal veins; and pressure on the systemic veins of the pelvis did the same for the middle and inferior hæmorrhoidals, and in this way the veins about the rectum, through their communications with each other, ran a double risk of becoming varicose. Moreover, the effects of gravitation were to be considered, as these veins were at "the bottom" of the subject. The state of congestion was often relieved by bleeding, and patients often felt very much better after their piles had bled. This, however, was not a universal experience.

Mr. Durham then dealt with the symptoms of hæmorrhoidal congestion. In early stages the distended veins might be visible and recognisable as such beneath the skin round the anus; but this condition was not commonly seen, as patients would not come for medical advice on such a point till the later stages in the development of the disease, when the veins might be concealed beneath the connective tissue formed by inflammatory processes round them. In this condition what was seen were cushions of hard tissue covered by skin and surrounding the margin of the anus; within the anus similar cushions might be felt covered by mucous membrane, and when seen appearing of brighter or darker red colour, but these would not be so hard. The former, known as external piles, might be present without the latter (internal piles) or *vice versa*; but the commonest condition was that in which both were present, and there was some connection between those inside and those outside the anus. Quiescent piles gave rise to a more or less constant dull aching pain about the part, and to tenderness, making a hard chair which supported the body

on the tuberosities of the ischia alone, preferable to a soft one which might press on the piles. From this "quiescent" condition piles might pass into one causing acute pain under various circumstances. Riding an uncomfortable horse, sitting on wet grass, or slight alcoholic excess were mentioned as instances of these. Then constipation might occur, and after that the passage of hardened motions might set up bleeding, sometimes only slight, sometimes profuse venous oozing, and sometimes even arterial spurting. As results of this, ulceration or fissure of the anus might take place. Another common consequence of the constipation was for pressure during the passage of the motion to cause protrusion of internal piles, and not only that but even prolapse of the bowel; then if the parts were not at once restored to their proper position, the action of the sphincter caused partial strangulation and very much aggravated the congested condition; and after frequent repetition the sphincter very often was found to get slack and allow the protrusion to take place on any exertion or effort. Lastly, the straining as well as reflex nerve irritation frequently gave rise to difficulty and trouble in micturition, and if a stricture should be present at the same time, it would be made much more troublesome by the same cause. In addition to constipation and its consequences, pain about the sacrum, running sometimes down the thighs, was often experienced in these stages.

Coming to treatment, it was evidently of the first importance to relieve hepatic congestion and to prevent the pressure of accumulated scybala upon the pelvic veins, and to secure easy motions daily, preferably twice daily, or if only once, then at night rather than in the morning. For this purpose aperients should be used as often as needful. Carlsbad salts, a drachm in hot water, first thing in the morning, was perhaps the best of all. Friedrichshall or Franz Josef water might be substituted. If saline waters be objected to, then a mixture of the confections of senna and of sulphur taken before breakfast would be effectual; or the preparations of Cascara Sagrada might be similarly used. It was commonly held that aloes was objectionable, but Mr. Durham said he was fond of prescribing the following as a dinner pill, and found it very useful in cases of piles:—

℞ Ext. aloes barb. gr. i.
Ext. nucis vomicæ gr. $\frac{1}{3}$.
Pulv. ipecacuanhæ gr. i.
Podophylli resinæ gr. $\frac{1}{3}$.
Capsici fructus gr. $\frac{1}{3}$.
Confectionis rosæ q.s.

As local astringents the following would be useful: the injection of cold water after the bowels had been opened, or else of the infusion of quassia; or the following suppository, which also had the merit of allaying irritation:—

℞ Cocainæ hydrochloratis gr. $\frac{1}{3}$.
Morphinæ hydrochloratis gr. $\frac{1}{3}$.
Iodoformi gr. ii.
Hamamelidin gr. i.
Ext. eucalypti gr. iii.
Olei theobromatis q.s.

For irritable piles an ointment made of subnitrate of bismuth, cocaine, hamamelidin, eucalyptus ext., and iodoform or aristol or iodol, with vaseline or lanoline, was very effectual. Aristol was preferable to iodoform in that it had no smell and was as strongly disinfectant.

To introduce the ointment some appliance was necessary—either a wooden screw syringe, or more convenient still, a compressible metal tube like those used for moist oil colours, with a long nozzle perforated laterally screwed on to the opening.

When external piles became inflamed, hot lead and opium fomentations were the best applications possible; but it was often necessary if they became very tense to incise them.

In an ordinary simple case of piles it was sufficient, however, if strict attention was paid to the three points.

1. Keeping the action of the bowels regular.

2. Moderation in diet, especially with regard to alcohol.

3. Carefully returning the parts after protrusion.

This last was necessary not only to prevent strangulation of the parts protruded, but also to prevent the sphincter losing its tonicity, a result which might give rise to obvious and most serious inconveniences.

With regard to the way in which the parts might be returned, advice was often useful. It was important that gentle compression and not violence should be used in the process, much as in the reduction of a hernia: for this some patients would use their fingers, or else a small firm sponge; another might find it a more convenient plan to have a sponge wrung out of hot water placed on a cane-bottom chair, and sit on it; after a few minutes the reduction of the parts would be rendered easy. After the reduction it was generally advisable to lie down and rest for a short time,—whence another advantage of the habit of evacuating the bowels last thing at night.

But with cases which were complicated either by persistent bleeding, or persistent pain, or by constantly repeated prolapse, or great enlargement of the piles, then this evasive treatment was not sufficient. And it was for such cases that it was necessary to consider the different means of radical cure.

1. The first of these was cauterization with nitric acid or acid nitrate of mercury. The great advantage of nitric acid was that it caused practically no pain after the operation, but in applying it care was necessary to prevent the acid running to the margin of the anus, as if this took place acute pain was caused. After the introduction of the speculum the pile should be ringed round with vaseline, and the acid applied drop by drop, allowing each drop to take its effect separately, and mopping it up after it had stood for a minute. The method was not, however, often applicable, as it was only effectual with small, thinly-covered, flat, vascular internal piles. And if allowed to eat too deeply it was not altogether safe.

2. The injection of carbolic acid or perchloride of iron was not only risky but uncertain; little could be said in favour of it.

3. Excision by Whitehead's operation, or any other, though successful in some cases, was a comparatively difficult operation, and not to be recommended for general practice.

4. External piles, however, might be sometimes snipped with scissors with good results. The principal danger was that of cutting too deeply, so as to cause contraction of the anus. The three methods most commonly in use now were those by ligature, clamp and cautery, or crushing, of which the second was the one most affected at Guy's.

5. Ligature was not without risks. The lecturer remembered seeing one case in which there had been great pain, followed by ulceration of the stump, swelling of the pelvic veins, thrombosis of the internal iliac, and, finally, death within a week of the operation. Before the operation was undertaken, the bowels must be well cleared; calomel and colocynth the night before, castor oil first thing in the morning, and a couple of hours before operating, a warm water enema should be given, and this thoroughly evacuated. The patient should be placed either on his side with the legs drawn up, or in the lithotomy position, preferably the latter. The dilatation of the sphincter was the first end to be secured, as the old practice of making the patient protrude the bowel voluntarily, before giving an anæsthetic, caused congestion of the part, and was therefore objectionable (Hippocrates made his patients scream as loud as they could the

whole time); and to effect this, steady forcible stretching of the opening with the fingers or thumbs was the plan recommended. In the course of a minute or two the sphincter would be found to have gradually given way, sufficiently to allow the piles to be brought down. A caution was given as to protecting the nails of the fingers used, with soap. The next step was to cut through the mucous membrane round about half the circumference of the pile, and so make a groove in which the ligature would lie: the ligature could then be tied; well waxed silk or thin fine hempen cords now made for the purpose being used. Then the piles might be snipped off, so long as a good stump was left, or else they might be left as they were: it was best to leave the ends of the ligatures in the bowel, and not hanging down. A suppository of opium or morphia should then be given, preferably the former, and the patient put on low diet and kept in bed. After the fourth or fifth day a dose of castor oil might be given, and before the motion an enema of olive oil. After the first motion—which was the most painful part of the whole treatment usually—fish might be given, and the bowels opened again in a couple of days. Flatulence, a source of great inconvenience, might be met with carbonate of soda, ammonia, liquor opii sedativus, and spirit of chloroform. After ten or fourteen days the patient would get up, under orders not to sit down, but either to lie down or to stand.

6. The clamp and cautery was preferred by Mr. Durham, on the ground that it gave least pain, and that the contraction of the cicatrix constricted the varicose tissue. The principal objection was that it caused an offensive smell. The general directions for the last operation applied to this one too. The clamp should be applied parallel to the bowel, and the pile cut down above the clamp, but not too close down to it. The Paquelin cautery was far the best to use, and should be kept at a dull red heat. Rarely bleeding will take place after removing the clamp, but only rarely. The after-treatment would be the same as in the last instance.

7. Crushing had been suggested by Mr. Benham, and much advocated by Mr. George Pollock. Various instruments had been contrived, and Mr. Durham showed some of them: but it seemed a somewhat clumsy mode of treatment, and did not preclude the danger o hæmorrhage, and the bruising rather increased the risk of septic trouble.

8. A pointed Paquelin's cautery without the clamp had been used sometimes.

Physical Society.

At the meeting of this Society, held on Saturday, January 23rd, a paper was read by Mr. Sheen upon "Anthrax." The following is the abstract he has given for publication:—

The disease pointed out as one of animals, occasionally transferred to man. Its universality indicated, found in all parts of the globe, attacking many kinds of animals. Its rapidly fatal termination.

The long unrecognised nature of the disease, the many forms which it presents, only recently connected through the discovery of the bacillus.

The distribution of the disease. The many names it has received. Its ancient history. The appalling losses inflicted by it.

The disease, one of herbivora and birds, only occasionally transferred to carnivora and man.

The influence of temperature, soil and food on the production of the disease.

Varieties in animals:—

1. Anthrax Fever.
2. Symptomatic Charbon.
3. Essential Charbon.

Their distinctive points indicated.

Description of a particular case of the first variety in the horse. Resemblance of the symptoms to those of a severe case of *typhus*. Is there any connection?

Characteristics of the second variety, in which the general symptoms are followed by the appearance of external tumours.

The third variety—"malignant pustule"—rare in animals.

Description of the disease as it presents itself in the ox and the sheep.

Post mortem appearances in cases of death from Anthrax. Interesting point—the entire absence of *suppuration.*

Anthrax in other animals to whom it is accidentally transmitted. Description of typical cases in the dog and the pig.

Treatment, preventive and curative, of the disease in animals.

Anthrax in man. Three forms—a pulmonary, an intestinal, and an external.

The pulmonary form—Woolsorters' disease. Its history and rapid course. Cases described shewing the various ways in which it may terminate. P.M. appearances.

The intestinal form—a severe gastro-enteritis. Cases described and P.M. appearances indicated.

The external form—"malignant pustule." Most interesting to Guy's men. The name. Usual appearances and course of a case as we meet with it at the Hospital. The statistics of the disease. Two of the earliest cases described. Malignant œdema. Interesting points in the history, symptoms and course of the disease drawn from the cases admitted into Guy's during the last six years. Two or three of the more instructive cases given in more detail.

The *treatment* of malignant pustule. Excision and cautery and various substances applied. The internal remedies that have been used, usually of an "antiseptic" nature.

The undoubted value of pulv. ipecac. externally and internally. Is it necessary to excise the pustule at all?

General treatment—nourishing and stimulating. The morbid anatomy of the disease. Short description of the bacillus. Effect of creolin and ipecacuanha on it. Effect of putrefactive organisms. Good results of inoculation of attenuated virus. The situation of the bacilli in the pustule. Are they long localized to it?

Points for discussion:—

1. Any connection with typhus.

2. Further indication for treatment. "Bleeding." "Transfusion." The value of ipecacuanha in the external form of the disease.

3. The necessity of excising the pustule. If so, how much should be excised?

4. The mode of contagion of the disease.

5. The habits of the bacilli. Do they remain long localized to the pustule in the external form of the disease? Are light and air necessary for their existence? Is that existence incompatible with the presence of putrefactive organisms?

6. What explanation can be given of the remarkable fact that the removal of the local lesion stops the course of the general disease?

The above merely a few suggestions, many other points doubtless requiring correction or comment.

After the reading of Mr. Sheen's paper, the discussion was opened by

Mr. HAMILTON, who said that Anthrax had now a bacteriological interest as well as a surgical, the bacillus being very similar to the bacillus subtilis, or hay bacillus. He pointed out a relation between food and the disease in the internal form; common among herbivora, it is not communicated to animals fed on flesh containing the bacilli, and that though the spores resist the action of digestion, and are found in abundance in the carcases of animals killed by the disease. He compared it with diphtheria, both being prevalent in damp weather, but diphtheria especially in cold, Anthrax in warm weather. The association of typhus with famines was now being illustrated in Russia: it would be interesting to know if there was any increase in the prevalence of Anthrax. He thought transfusion might be useful in the treatment of Anthrax, and suggested injecting into one arm and bleeding from the other. The development of the bacillus was favoured by the presence of lactic acid in the tissues. In thanking Mr. Sheen for his paper, he especially commended his plan of concluding with the proposition of a number of questions, indicating lines along which discussion could be guided. Having practical experience of the amount of labour involved in such a paper, and remembering Mr. Sheen's zealous devotion of much spare time in maintaining the honour of Guy's on the football field, he could but congratulate Mr. Sheen on his industry and its success.

Mr. W. J. HARRIS asked if swine fever and Anthrax were the same disease. He remembered seeing, some years ago, a pig that had died of swine fever: lines of peristalsis were well marked, and a point was made of worms for ulcers in the intestine.

Mr. JOHNSON cited a case of spontaneous recovery without alarming symptoms.

Mr. WOHLMANN pointed out the fallacy of bleeding as a treatment for Anthrax, which lay in its reduction of the number of phagocytes, and of transfusion, which did not add new ones. He suggested that decalcified blood might be used for transfusion, and meet this difficulty.

Mr. HENDERSON thought that the action of large doses of ipecacuanha powder could not be confined to the intestines; some of it must be absorbed, and act on the bacilli in the tissues.

Mr. BLIGH pointed out that ipecacuanha was a specific for Anthrax, a disease principally of animals, and typhus, a disease of man. He suggested that dysentery might be a local Anthrax; and compared the chronic form of tubercle attacking bones as contrasted with the acute form in miliary tuberculosis. He suggested too that an epidemic of pneumonia, which had broken out among the employés in a large carpet and general goods warehouse, and was not a typical pneumonia, might be a pulmonary Anthrax. Many of the cases had come to Guy's, and Dr. Washbourn had been asked to examine the blood. Mercury perchloride was ordered, with a view of destroying a possible bacillus.

Mr. PAKES pointed out that while typhus attacked men who were starved and crowded together, Anthrax was as common among well-fed and well-housed as among neglected cattle. Cattle suffering from Anthrax were always ordered to be killed, but no compensation was allowed the farmer. Why was this the case, when compensation was always given for cattle killed on account of pleuro-pneumonia?

Mr. SHEEN, in reply, said that Anthrax was very prevalent in Russia, and that M. Pasteur had not been so successful in his treatment of sheep there as in France. He thought that bleeding would, in relieving the patient of morbid material, frequently cause him to rally. Bacilli might not be found in the blood for some time, the disease remaining strictly local. Ipecacuanha was given as powder because so it was not absorbed.

A vote of thanks to Mr. Sheen was then proposed by Mr. Ralph, seconded by Mr. Wohlmann, and the meeting came to an end.

RULES AND REGULATIONS OF THE PHYSICAL SOCIETY.

1. The Physical Society exists for the cultivation and promotion, amongst the Students of Guy's Hospital, of Medicine, Surgery, and allied subjects, and for the discussion of matters of interest in relation to medical education.

2. The Society shall consist of ordinary and honorary members. All members of the Guy's Hospital Clubs' Union shall be ordinary members, and all patrons and honorary members of the Union shall be honorary members of this Society. Students who entered the Hospital before October, 1891, may become ordinary members by payment of an annual subscription of 5s., and after the payment of this subscription for three years, shall not be called upon for any further subscription.

3. The affairs of the Society shall be managed by a Committee consisting of the Honorary President, the Presidents (whose number shall not exceed sixteen), and the two Honorary Secretaries.

4. The Honorary President shall be elected by the Committee from among the members of the Hospital Staff.

5. The Honorary Secretaries shall be elected by the Committee from among the members of the Hospital and School Staff.

6. Vacancies upon the Committee caused by the retirement of any of the Presidents shall be filled up at the last meeting of each Session. The Committee shall nominate the necessary number of candidates to fill the vacancies; and should no additional names be proposed at the meeting, the candidates so nominated shall be declared elected. In the event of any additional candidates being proposed, the election shall be decided by ballot.

7. It shall be the duty of the Committee to determine the time and place of meeting, to provide matter for discussion, to award the Society's prizes, to appoint a Chairman from among their number for each meeting, to appoint the Sub-Committees, and to preserve the good order of the Society, for which they are responsible to the Treasurer and Governors of the Hospital.

8. The President for the evening shall regulate the proceedings of the Society, shall interpret the application of the rules, and shall decide all doubtful points that may arise.

9. The Secretaries shall record the transactions, and act as Treasurers of the Society.

10. The Society's meetings shall be held on alternate Saturday evenings during the Winter Session, from eight o'clock until half-past nine, and shall not be continued beyond that hour except by special resolution of the meeting.

11. Members reading papers or moving subjects for debate must give at least one month's notice to one of the Honorary Secretaries of the subject of the paper or of the terms of the motion. The papers, after they have been read, become the property of the Society.

12. The reading of a paper must not occupy more than half-an-hour.

13. On the evenings of Debates, speeches shall be limited to 10 minutes, except in the cases of the proposer and opposer, whose speeches shall be limited to 20 and 15 minutes respectively.

EXHIBITS COMMITTEE.

Four of the members shall be annually appointed by the Committee to act as an Exhibits Committee, whose duty it shall be to collect from the members of the Society objects of professional or general interest for exhibition at the meetings of the Society.

MEMBERS OF THE STUDIO.

The Committee shall recommend six members of the Society, who shall be privileged to use the Hospital Studio for the purposes of photography, under the control and regulation of the Curator of the Museum. The three senior members shall retire annually, and their places shall be filled from among those members of the Society who are considered by the Committee to have exhibited the best specimens of their work at the opening meeting of the Session. Casual vacancies shall be filled by the Committee of the Society upon the nomination of the remaining members of the Studio.

GUY'S HOSPITAL GAZETTE.

The GAZETTE, which is the property of the Physical Society, shall be under the control of a Committee of Publication. This Committee shall be elected by the Committee of the Physical Society, who shall, upon the recommendation and nomination of the Committee of Publication, fill up any vacancy that may occur, or appoint additional members upon it.

APPOINTMENT.

C. GORDON ROBERTS, M.A., M.B., B.C. Cantab., has been appointed:—(i.) Medical Officer of Health to the town of Halstead, Essex; (ii.) Medical Officer to the 2nd Division of 1st District, Halstead Union; (iii.) Public Vaccinator to the 1st and 2nd Divisions of the 1st District, Halstead Union.

CASE OF SCURVY RICKETS.

The following rather exceptional case you may consider worth recording. For some of the particulars I am indebted to the report made by Mr. H. B. Osburn (Registrar).

Rose C., 12 months, admitted on 11th November 1891, into Royal Hospital for Women and Children Waterloo Road, under the care of Dr. Wheaton.

Family History.—Parents alive and healthy. Four other children are healthy, they were brought up on the breast for the usual time.

Personal History.—Patient appeared to be healthy when born. She has a cleft palate; owing to this she was early condemned to artificial feeding, condensed milk and some food for infants forming its diet. Child has been ailing for some time. A fortnight ago there was noticed to be hæmorrhage from her mouth, a week later she was brought to out-patients, but her mother declined to leave her in the hospital. She was brought up to-day and admitted.

On admission.—Temp. 101. Patient is a fair sized child, and is not ill-nourished. She has well marked rickets (beading of ribs, enlargement of epiphyses of radii, open ant. fontanelle, being most prominent signs). Around both upper eyelids are subcutaneous hæmorrhagic extravasations (black eyes); the colour is purple in centre shading off to yellow at the edge, giving the child a very odd appearance. In mouth, in front, the upper gums are covered with a dark purple sloughy mass, which looks as if the alveolar process was necrosing; the lower gum is not so much affected, it is swollen and of a dark colour. There are numerous patches of shallow ulceration upon the mucous membrane of the mouth. On abdomen and legs there are a few petechiæ. Urine very dark, much albumen and blood. The child cried very much when it was picked up or moved, and it seemed to dread anyone coming near it. When left to itself it lay quite still and did not attempt to make any movement.

Treatment, as advised in Goodhart's "Diseases of Children" (4th edition, page 361), was adopted. During the day she took—

Raw Beef Juice ℥jfs
Orange Juice ℥fs—℥j

also cow's milk and lime water. Locally, Mel. Boracis to mouth. Internally, Pot. Chlo., gr. xij in mixture during the day (24 hours). The child to be moved as little as possible.

Nov. 16th. Temperature lower, there is less blood in urine, still cries when taken up or washed; takes nourishment well.

24th. Temperature is subnormal, the black eyes are nearly cleared up, the child moves herself about, and scarcely resents being picked up. The sloughy mass has come away and shows that the gums and teeth are quite unharmed.

28th. Child went home quite well. Parents recommended as to diet, &c.

J. M. THORNE, JR.

CHRONIC PURULENT OTITIS MEDIA WITH COMPLETE DEAFNESS AND FACIAL PARALYSIS, SUCCESSFULLY TREATED BY OPERATION.

The following instance of a very large number of similar cases successfully operated on by Mr. Lane, so typically demonstrates the advantages of the operation devised by him, that I have obtained permission to publish it in our GAZETTE.

I would preface the report of the case by a few observations on the middle ear, which Mr. Lane has been kind enough to furnish, and some of which may be found in his article in the *Lancet*, September 26, 1891.

Mr. Lane was the first to draw attention to the great surgical importance of the antrum, sometimes called the "Mastoid Antrum," which seems either to have escaped description in the anatomy books, or to be confused in an extraordinary way with the mastoid cells, with which it has no connection functionally or developmentally.

The antrum is situated immediately behind the middle ear, normally in the petrous portion of the temporal bone, lying in relation with its upper and posterior surfaces and communicating in front with the posterior part of the cavity of the tympanum. Superiorly the antrum is in relation with the middle fossa of the skull, also with the posterior fossa, and, to a variable extent with the groove for the lateral sinus posteriorly.

The mastoid process, with its cellular spaces when present, lies externally. The antrum is completely surrounded by dense bone, except where it communicates with the tympanum, and in the adult lies at a depth of about ¾-inch from the surface of the mastoid.

In young life the antrum is found well developed, thus contrasting with the "Mastoid Cells," which are of a later growth, if they develope at all, although in some cases when large, a communication takes place between them and the antrum by increase of the size of the former.

The function of the antrum appears to be, according to Mr. Lane's observations, for the secretion of mucus to lubricate the middle ear. Now, since the aperture of communication between the tympanum and antrum is at the highest limits of both cavities, the antrum itself must constantly be filled with mucus. In chronic purulent otitis media the foul and caseating inflammatory products collect in the antrum, and produce by their presence much irritation; in consequence of which the size of the cavity is increased by the absorption of its bony walls. As it enlarges, it may expose the dura mater of either or both fossæ, and Mr. Lane quotes several cases in which he has seen the walls of the enlarged cavity formed by dura mater and lateral sinus, without any sign of thrombosis or meningitis.

Finding the antrum to be the obstacle to cure by simple means, in many cases of chronic purulent otitis media, Mr. Lane proceeds to cure the disease by removal

of the cause, *e.g.*—he bevels the whole of the mastoid process and subjacent antrum away, allowing the cavity to granulate up from the bottom. This operation has the further advantage of exposing fully the diseased part, and thus rendering the operator master of the situation, so that, if the mischief has led to subdural abscess or thrombosis, these can be dealt with as may be expedient.

The details of the operation and treatment can be best described in connection with the following case, which although uncomplicated, is very satisfactory to the operator.

A. G., æt. 23, was admitted into No. 4, Dorcas, on January 2nd last, suffering from chronic purulent otitis media, deafness and facial paralysis.

Previous History.—At 3 years of age patient had a severe attack of scarlet fever, followed by whooping cough and measles. Shortly after she developed attacks of ear ache, with slight discharge. At 8 years of age an abscess was opened behind the ear, with but poor results, as the suppuration repeatedly recurred, and at last, when she was 15 years of age, the discharge broke through the tympanic membrane and flowed in great quantity from the external auditory meatus. Last August symptoms appeared of another abscess, which gave rise to some discharge. Things then went from bad to worse, the patient suffering with severe neuralgia, pains in the neck along the course of the internal jugular vein and along the clavicle to the shoulder. She sought advice at the Throat Hospital, where she attended for some time and had her ear syringed. No further treatment was suggested.

Condition on admission.—T. 99.4. Behind the ear are scars of old abscesses, and the tympanic membrane is ruptured.

For the last week she has remarked that her smile is unilateral, and that her face is drawn over to the right side. She is unable to close her lips and cannot shut the left eye. The left side of her mouth is lower than the right. A slight offensive discharge comes from the diseased ear, and she suffers with constant pain and tenderness over the side of the head, interfering with her sleep.

The patient has been deaf with her left ear *ever since she can remember*, and totally so certainly for many years. When examined aerial conduction was found to be *entirely* absent, but mastoid conduction was present to some extent.

The Operation.—Incisions were made over the mastoid and that process freely exposed. The ear was then drawn well forward, and the posterior and upper margin of the external auditory meatus defined. Now the position of the antrum is just above and behind the posterior superior margin of the bony aperture. The mastoid process was then chiselled away in little chips, with gouges and a heavy mallet, down to the antrum.

This space was found considerably distended with pus and caseous material, which was scooped out. The antral cavity was excised and a communication with the middle ear fully established. A drainage tube was then inserted in the wound and the integument brought together. Some iodoform emulsion was injected into the tube, and hot boracic dressings were applied.

The subsequent treatment consisted in syringing hot water into the ear and cavity by means of a fine tube passed inside the drainage tube, and afterwards instilling iodoform emulsion. Hot boracic compresses were frequently applied during night and day.

After the operation the patient made satisfactory progress, and owing to careful nursing and the frequent application of hot compresses suffered very little pain.

The wound itself has healed well, but the tube will be kept in for some weeks, until granulations fill up the cavity. The patient will for the rest of her life syringe the ear with warm water in the morning, then dry the ear and introduce a drop of glycerine and iodoform, and place a small plug of cotton wool or a compressed cap of the same substance in the meatus.

Unfortunately, on the 16th inst., the patient suddenly developed influenza just as she was going to leave the Hospital; which has consequently prolonged her sojourn with us. She can now hear ordinary sounds perfectly with her left ear, and indeed had so far recovered her hearing that she could understand what was said to her a few days after the operation. The ticking of a watch is still quite inaudible, possibly owing to the absence of the tympanic membrane, which seems to render perceptible the finer sounds.

Nor is the restoration of her hearing the only benefit she has obtained from the treatment; further, she has regained the use of her facial nerve so that her face is symmetrical. The removal of the antrum frees her from such dangers as are associated with suppuration in this deep seated cavity, and the condition of her middle ear and the acuteness of her hearing capacity will remain in their present condition, provided she takes such slight daily care as has been already indicated.

Thus it is seen that the gain to the patient is enormous whilst she has incurred a very slight risk, a risk rendered even slighter when one considers the dangers she would have run had such a state been allowed to continue its course unchecked.

NOTES FROM THE DISPENSARY.

THILANINE.—A German chemist, Herr Siebels, has obtained by the action of sulphur upon lanoline a product which he terms Thilanine, or sulphurated lanoline. It is a real chemical combination, and not a mixture. Dr. Saalfeld, of Berlin, has experimented upon this substance in the treatment of dry or moist eczema, sycosis, acne rosea, &c., and he considers it greatly preferable to the medicaments in ordinary use. It does not cause the slightest irritation, and relieves itching.—*Semaine Medical, 25 Nov., 1891.*

H. COLLIER.

Passim.

At the meeting of the Physical Society this evening the following motion will be debated: "That an increase of Specialism would be detrimental to the interests of the Medical Profession and the progress of Medical Science." The motion will be brought forward by Mr. G. Sichel, and the opposition led by Mr. A. J. Sharp.

In the *Times* for February 1st, we read that "The influenza has attacked a number of the nurses and students at Guy's Hospital. Many of the patients are also affected. There is a talk of closing the Medical School. Dr. Steele, the Superintendent of the Hospital, has had a severe attack of the malady, but is now recovered and has resumed his lectures." We publish in another column our commentary on the *Times*.

In the same number of the *Times* a telegram from Vienna says that "a sudden change in the temperature from 23° F. below freezing point to 22° above, which has occurred here during the last few days, has been attended by an alarming increase of influenza. The epidemic is now spreading rapidly, and is accompanied by symptoms of dysentery." This is of interest in connection with an observation of Sir Thomas Watson's at the time of the epidemic of 1837. He says, "Irregularities and great vicissitudes of weather have gone before the disease in many instances." He quotes from Maertens, writing of the epidemic of 1782 in Russia, "On a cold night the thermometer rose 30° of Fahrenheit; the next morning 40,000 people were taken ill with influenza." The epidemic of 1837 "followed hard upon a sudden thaw," and many of the other epidemics were preceded by thick fogs.

The delay in the completion of the Fives Courts in the Park has been caused by the frosts. It has been impossible to get the necessary concrete bed to set properly during the cold weather.

We have been hoping to receive a report from Honor Oak Park of levelling work done by a gang of Guy's men on our new field there. The letter from a follower of Mr. Ruskin's, which we published on January 9th, was, we hope, not missed by our readers. Names may be given in at the Medical School Office, and shovels can be obtained upon short notice from the office of the Gazette.

The next Smoking Concert will take place in the Club Smoking Room on Saturday, Feb. 20, when Dr. Webber will take the chair.

The success of our Rugby Football Team in the first of the cup tie matches is duly recorded in detail in another column. We are sorry they did not receive further encouragement in their match last Saturday. The Association Football Team obtained only a draw in their match with Guildford, the Surrey Cup semi-final, last Saturday.

We shall print in next issue examination papers from Netley, and are pleased to be able to record that in this examination a Guy's man, E. M. Pilcher, came out first. Another Guy's man did well, W. G. Beyts.

We are sorry we should have raised hopes in the minds of February Externs that our map of the Charity District would be ready for them. It would have been but for the influenza. Delay has been caused also by the recognition of the fact that the old map in the room is much behind the times. We have now obtained a map corrected up to the present year, and steps are being taken for having it reproduced.

We are glad to announce to our readers outside Guy's, that Dr. Bryant has been appointed Medical Registrar to the Hospital, and has begun his work in that office.

OBSTETRIC NOTES.

December, 1891, proved an unusually interesting month in the Charity in many ways. In the first place, the number of confinements—296—was much above the average. Of these, seven cases of twin-birth and one of triplets occurred, the latter, unfortunately, all died.

The long forceps was applied five times: once for protracted labour; once for unreduced occipito-posterior presentation and failure of rotation; once for hæmorrhage during labour—probably due to low implantation of placenta; and twice for prolapse of funis, which could not be restored. In all these cases living children were delivered. Bipolar version was performed once for transverse presentation, the left hand being the presenting part. The other two obstetric operations seem to deserve a more extended notice.

1. IMPACTED SHOULDER—DECAPITATION.—Maria C., 32, in her sixth confinement, called in the Extern (Mr. W. R. Grove), on December 20th, at 4.15 p.m. On examination he found the membranes ruptured and the presentation as follows: an elbow, a hand above it, higher up, another extremity, either hand or foot (? which). Vagina moist. Uterus very hard. Pulse 72. The membranes ruptured five days ago, and the woman said that about four hours after this the child was felt to struggle violently. No true pains had come on, but the amniotic fluid had dribbled away. She was induced by friends to send for assistance to-day. The Junior Charity came down, and found the left hand presenting with (?) right elbow or right knee, so brought down the limb, and found it an upper extremity, the arm being very swollen. Dr. Horrocks then came down. Methylene was given (7.10 p.m.). When fully under the anæsthetic the uterus remained hard, and tightly contracted round the child, and Dr. Horrocks decided that it would be dangerous to attempt version, as the ring of Bandl was well marked. The head was found in the right iliac fossa, the left hand presenting with the trunk in the dorso-anterior position; the child was also found to be dead. After a catheter had been passed, the right shoulder was brought as low as possible by traction on the arm, the bony parts of the neck cut through with bone forceps, and the soft parts, with great trouble, cut through with scissors—an ordinary pair of dressing-scissors being found most serviceable. The sharp hook was found of no use in this case, as has also happened in others in which Dr. Horrocks has tried it. The neck being cut through, there was no difficulty in delivering the body by traction on the arm (9.10 p.m.). The after-coming head gave some difficulty, and took another hour. The head was first crushed in the cephalotribe, but could not be extracted. Dr. Horrocks then fixed the male blade of Lever's craniotomy forceps in the mouth, and the female one outside the head, which was thus delivered. Placenta came away with slight bleeding. Patient left comfortable, with a pulse at 90. Convalescence was uninterrupted.

2. CEPHALOTRIPSY (FOR CONTRACTED PELVIS).—Lydia D., 27, was attended in her second confinement by Mr. W. R. Grove. She was first seen December 29th, at 11 p.m.: os dilated to the size of a shilling; no pains during half-an-hour, and no appearance of labour. She did not send up again till December 31st, 7 a.m.; the presenting part was then very high up; os not fully dilated; pains few and slight. Pulse 76. Fœtal heart heard to right. It was noticed that the promontory of the sacrum could be felt, but no account was made of it. It was not till 12.30 of that day that the following history was given:—"Five years ago, after five days' labour, the doctor called in some one from the West End, and a dead child was delivered with instruments. She was told then that she would never have a child born alive. Acting on this, two years later, Dr. Wilks, of Old Kent Road, induced abortion at three months. Last year she had a miscarriage, and this year she determined to try and have a living child." She had rickets in childhood. The tibiae are sabre-shaped with enlarged extremities; the wrists are somewhat enlarged. The spine shows well-marked lordosis; there is no kyphosis. The circumference of the head is large.

The os was now fully dilated, and the head was moulded transversely. The Junior Charity came down, and found the sacro-subpubic diameter to be $2\frac{3}{4}$ inches, thus giving a conjugate diameter of $2\frac{1}{4}$ inches. The head became more and more jammed into the brim. Patient refused admission into the Hospital for operation. At 10.30 p.m., Dr. Horrocks came down. The head was so jammed, and the pelvis so contracted, that he considered forceps or version impossible. Methylene was then given, and a catheter passed. The Senior Charity perforated, and then put on craniotomy forceps; these slipped, but squeezed out a quantity of brain-matter. The cephalotribe being put on easily, brought the child away. After the placenta had been removed, the uterus was syringed out with Sol. Hyd. Per. 1.4000, through a Bridin's catheter. Patient made a rapid recovery.

Measurements of the pelvis taken after labour showed that the external conjugate diameter was $5\frac{1}{2}$ inches, distance between anterior iliac spine $10\frac{1}{2}$ inches, and between posterior spines $9\frac{1}{2}$ inches: a well-marked case of Rachitic Flattened Pelvis. H. W. W.

RECENT PUBLICATIONS.

Herman's First Lines in Midwifery. 12mo., Cassell, 5/-

McBride's Diseases of the Throat, Nose and Ear. 8vo., Pentland, 25/-

Medical Directory, 1892. 8vo., Churchill, 14/.

Politzer's Human Ear, translated by George Stone. 8vo., Bailliere, 10/6.

Smith's (J. Greig) Abdominal Surgery. 4th Edition. 8vo., Churchill, 21/-

Thomas's Diseases of Women. 6th Edition, enlarged and revised by P. F. Munde. Royal 8vo., Churchill, 25/-

THE NEW PHARMACOPŒIA.

Notes by the Secretary of the Pharmacopœia Committee.

(Continued.)

Cough.—For Cough Mixtures the suggestions are very numerous. I have space only for the following:—Take of

Solution of Hydrochlorate of Morphine 2¼ minims.
Vinegar of Ipecacuanha 5 minims
Vinegar of Squill 10 minims
Oxymel of Squill 30 minims
Glycerine to 1 fluid drachm

Mix. Dose: 1 fluid drachm, when the cough is troublesome.

Remarks by Dr. Briscoe: "For irritable bronchial affections, this I have found most useful and reliable."—Take of

Hydrochlorate of Morphine ½ grain
Dilute Nitro-hydrochloric Acid 2 minims
Ipecacuanha Wine 5 minims
Compound Tincture of Camphor 5 minims
Syrup of Ginger 5 minims
Water to 1 fluid drachm

Mix. Dose: 1 fluid drachm when the cough is troublesome.

The above is recommended by Dr. N. R. Orme.

Take of

Oxymel 4 fluid drachms
Tincture of Tolu 8 minims
Solution of Hydrochlorate of Morphine 8 minims
Acid Infusion of Roses to 1 fluid ounce.

Shake the Oxymel and Tincture of Tolu thoroughly together, then add the remaining drugs. Dose: 1 fluid ounce.

Remarks by Dr. H. Armstrong: "Allays cough, and is pleasant to the eye, and also to the palate."—Take of

Hydrochlorate of Morphine 1 grain
Dilute Hydrocyanic Acid 30 minims
Syrup of Squill 1 fluid ounce
Water to 2 fluid ounces.

Mix. Dose: 1 fluid drachm, when the cough is urgent.

Remarks by Dr. Woodman: "I have found this a very valuable prescription."—Take of

Compound Tincture of Camphor 15 minims
Syrup of Lemon 30 minims
Syrup of Tolu to 1 fluid drachm.

Mix. Dose: 1 fluid drachm, as required.

In addition to the above Cough Mixtures, Dr. C. Hooper recommends "Cough Pills."—Take of

Ipecacuanha in powder ½ grain
Rhubarb in powder 2 grains
Extract of Hyoscyamus ¾ grain
Syrup sufficient to make 1 pill.

Dose: 1 or 2 every night or every other night.

Remarks by Dr. C. Hooper: "The above formula for Cough Pill I have found most satisfactory in a practice of 40 years, and I may add my father also highly esteemed them."

Diarrhœa.—Dr. Lawson speaks very highly of Koromiko, a drug with which I am entirely unacquainted. He says: "In my hands the best remedy for diarrhœa, even when accompanied at times by vomiting. In moderate doses it produces no after astringent effects. It is also an appetiser. It may be used in all kinds of diarrhœa, except where Castor Oil or Ipecacuanha are required."—Take of

Chloride of Ammonium 10 grains
Spirit of Chloroform 10 minims
Tincture of Opium 10 minims
Water to 1 fluid ounce.

Mix. Dose: 1 fluid ounce.

Remarks by Dr. Lockwood: "Stops bilious diarrhœa, when the stools are loose and watery. I generally give first a dose of Castor Oil. Three or four doses every four hours are usually sufficient."

For Summer Diarrhœa Dr. Rendall recommends

Mercury with chalk 3 grains
Dover's Powder 3 grains

Mix for 2 pills. Dose: 2 pills every 4 hours.

The Perchloride of Mercury is recommended by Dr. Forman, "the dose according to age."

Diphtheria.—Dr. Hasler recommends the following prescription, with which may be compared the Mist. Potassii Chloratis et Ferri, G.H.P.—Take of

Solution of Perchloride of Iron 15 minims
Spirit of Nitrous Ether 15 minims
Chlorate of Potassium 8 grains
Syrup 30 minims
Water to 1 fluid ounce.

Mix. Dose: 1 fluid ounce to be taken every third hour for an adult.

Remarks by Dr. Hasler: "I consider the Diphtheria Mixture a valuable one. I have used it for 30 years, and have treated 50 cases, losing only 3 children. It loosens the false membrane, and enables the patient to expectorate it. I generally also use a gargle in adults of Dilute Hydrochloric Acid, 3 fluid drachms in 8 fluid ounces of water."

For local applications the suggestions are numerous. Dr. Wood writes: "As no assistants I get ever know how to make my form of Chlorine Gargle, which I find very useful in diphtheria, if applied by means of spray for a few seconds at a time, and repeated every 20 minutes, I here give it:—Take of

Chlorate of Potassium 4 drachms
Strong Hydrochloric Acid 1½ fluid drachms

Mix in a *dry* bottle, slightly cork, apply a little heat, add gradually water, 30 fluid ounces, shaking well after each portion of 3 or 4 ounces added. Lastly cork securely. When given for spray or gargle add to every 5 or 6 ounces an ounce of syrup. It is only good as long as the green colour is retained. I believe this to be as much a specific for diphtheria as quinine is for ague."

With the aid of the G.H.P., and by reference to Gargarisma Chlori I trust that Dr. Wood's future assistants will be able to prepare the gargle thus fully described.

Dr. A. W. Clark recommends Glycerinum Acidi Borici to paint diphtheritic and other inflamed throats.

Dr. Poole Berry recommends Boroglyceride for the same purpose.

Dr. Lawson recommends "Lime Water diluted and used as a spray. If patient be strong enough, he may have it on a chair, and reach for it, when he wants it, and spray his throat as often and as long as he likes. The membrane dissolves, leaving ulcerated surface. Spray *must be continued.* It removes bacillus, and also the breeding ground of the streptococcus found in the blood."

As Lime Water contains about ½ grain of Lime in a fluid ounce, and is to be used diluted, it seems an eminently safe preparation for the patient to have by the bed side.—Take of

Hyposulphite of Sodium 120 grains
Water 8 fluid ounces.

Dissolve, and label, Solution A.—Take of

Dilute Hydrochloric Acid 3 fluid drachms
Water to 8 fluid ounces.

Mix, and label, Solution B. Take of each 1 fluid ounce, mix, and use as a spray.

Remarks by Dr. Masterman: By mixing these solutions there is obtained of course a solution of sulphurous acid and sulphur in extremely fine division. They must be mixed only as required, as the sulphur forms a cake on the bottom and sides of the globe, and is inoperative."

(To be continued).

HOAXES POPULI.

SCENE—"THE SURGERY."

A number of Dressers and other Students discovered. Enter a man of literary appearance.

Dresser 1—Well, Guv'nor! what is the matter?

M. M. (simultaneously)—Good evening, gentlemen. I am a representative of the Staff of the Moon, or as they say, the *Moon* Man. I have come down here to gain information concerning the influenza in this quarter of London. To begin with, have the Staff of the Hospital suffered much?

D.—Oh, yes! terribly. Those of us that you see here are all that are left. Our Senior Surgeon and Physician are doing the work of House Physician and Surgeon respectively. This gentleman *(pointing to newly-appointed Surg. Wd. Clerk)* is at present taking on the Medicine Lectures.

M. M. (taking notes)—Dear me!

D. 2 (chiming in)—In fact, we are practically running the Hospital. *(Anxious countenances are seen all round amongst the Students).*

M. M.—And is the disease very fatal? Would you say that it is of a malignant type at present here?

D. 3—Well, it varies: some cases are slight. But in order to be well prepared, we have engaged five new P.M. men, so we are ready for any emergency. The subjects at the Dissecting Room have been very acutely attacked. I should perhaps explain that we use the word subject of those whose vocation is in the Dissecting Room.

M. M. (writing hard)—Yes. And now would you kindly tell me what treatment you adopt?

S.—We find Oleum Crotonis most valuable during the pyrexia. Two drachm doses generally unload the temperature fairly well.

M. M.—Then have you no faith in the various treatments that have lately been published?

S. (continuing)—Well, they are all very well in their way, but we are best satisfied with our own treatment as being far more searching. When the temperature is down we use our world-famed Pil. MM. with MS. cum Hydrarg.

M. M.—Is it so well known? I had not heard of it before.

D. 4—Bless me! Not heard of our great pill! This is extraordinary. Why, it will cure almost any disease. We have it made up in tubular form for the diphtheria.

M. M.—And do you use prophylactic measures?

D. 1 (not to be beaten by his colleagues)—Oh, yes! Every patient has a carbolic spray, which is kept playing upon them day and night. By the way, we have had several interesting cases of local influenza of operation wounds. I will tell you——

M. M. (interrupting him)—I am very sorry, but I must be off in time for the press. Thank you very much for your kind attention. *(Finishes notes).* Good evening, gentlemen all!

Chorus—Good evening. *(Exit M. M.)*

(Laugh rings all round. Curtain).

Δ.

Correspondence.

To the Editor of GUY'S HOSPITAL GAZETTE.

DEAR MR. EDITOR,—To have whispered in your ear, "There's a telegram for you, old fellow," by a passing friend, when about to commence a comfortable tea in the Smoking Room, is somewhat provoking. But when one finds it has waited from 10 a.m. till 4.15 p.m, and that its contents are of a most important nature and that there is barely time, forgetful of tea and all else, to catch the train by which one must leave, one is apt to conclude the existing arrangements somewhat unsatisfactory, especially as one has gathered from exclamations round the Porter's Lodge that such inconvenience not unfrequently occurs. Could not the Union take up this matter? A boy, properly managed, might be useful in many ways, the distribution of telegrams being one of his most important duties. Again, inconvenience frequently arises from the fact that the letter window is getting too small for the increased number of letters now received. Though the porter most carefully arranges

them in alphabetical order at the beginning of the day, letters arriving by the later posts, especially those received during his absence, are put wherever there is a vacant space, and the fact that parcels are waiting is announced by a list of names on a small piece of paper that often escapes observation. Much of the porter's time is wasted in finding the letter which is being knocked for and putting back the letters not wanted, because half the address had been covered by another letter, or the name rendered indistinct by the shadow of the shelf above.

Would it not be worth while to convert two-thirds of the shelves into pigeon holes about an inch wide, putting the letters in endways, with a small block, or some other contrivance, to indicate a parcel. By this means the window would hold at least five times as many letters. Each student receiving letters at Guy's would have a compartment reserved for him, which would be numbered at both ends for his and the porter's convenience. One would simply ask for letter for "No. 25," instead of standing and knocking, and the porter would go straight to No. 25, instead of hunting all over the window to find at which particular spot one was knocking, and so time would be saved for both.—Yours, &c.,

J.

MEDICAL WARD APPOINTMENTS.

SIR,—For the most part, any man who wants to make progress at Guy's finds his course made clear for him; but there is nowadays a serious obstruction when he comes to apply for a Medical Ward Clerkship. It is obviously no use for a thoroughfare to be broad and easy for the greater part of its length, if it contracts to narrowness somewhere about its middle; traffic is just as much obstructed.

Cannot something be done to remove this *impasse?* Everyone about the Hospital knows that lots of men who really deserve the appointment when they first apply for it, are disappointed time after time owing to the disproportion between supply and demand.

It is evident that the number of beds allotted to each man cannot be further reduced, as it is already below a satisfactory minimum. On the other hand, could not two men divide the duties at each bed. Suppose, for instance, that during his first three months the man should be Ward Clerk proper, and be responsible for the actual writing of the reports, while instructed by his senior (who is in his second three months) in the art of accurately describing the case. Suppose, in fact, that the relation of senior and junior should be much that of Dresser and Ward Clerk in the Surgical Wards. This would give the junior a better chance of getting up his fundamentals before his responsibility for description, etc., commenced, and would give the senior more leisure for reading the reports and bed-letters of other cases than his own—a very useful literature, much neglected by most men.

Until Guy's is able to open another Ward, it seems to me that it is only on some such lines as this that the difficulty can be remedied.—Yours, etc.,

'O.

DEAR SIR,—"Every dog has its day." As an article of utility the whetstone in the dissecting room has had *its* day! Would it not be possible to substitute a stone of more modern make upon which to sharpen our scalpels? The present one could then be put in a glass case and enshrined in the Anatomical Museum, so that, when conducting our friends round, we should not only be able to show them the tools with which Mr. Towne worked, but, pointing to the aged relic (in an attitude befitting the occasion), with bated breath, in accents low, to say, "This is the stone upon which Abernethy and Sir Astley Cooper sharpened their dissecting scalpels." Why should not an article now useless be preserved as another memento of these great men, at any rate, until the proverbial New Zealander, seated upon the ruined pier of London Bridge, shall "sigh his soul" toward the spot where "Good Old Guy's" has been?

Should the authorities think the suggestion worthy of notice, I shall be very pleased to subscribe towards defraying the expense, and those of my friends to whom I have mentioned the matter, say they will be "only too delighted" to support so worthy an object.—I am, yours truly,

"BLUNT SCALPEL."

DEAR SIR,—I have a grievance to air, concerning the papers and periodicals taken in by the Club. Presumably the Committee calculates the intellect of the average Guy's student will with care rise as high as "Pick-Me-Up" and the "Review of Reviews." Both these papers are estimable in their way, but we crave for something more; we should like a review that expresses the opinions of more than one man. Cannot the Club afford at least one weekly review, and perhaps a monthly one? Some time ago a fair number of names was appended to a request in the Suggestion Book similar to the above. It was "considered" by the Committee, with the result—I believe the facts are right, but it is a long time ago—that the "Nineteenth Century" was crossed off, and the "Review of Reviews" (!) added.

In past happy days we possessed two weekly Reviews and the "Nineteenth Century," and no "Review of Reviews." There is a whisper that the Committee met one day to decide what papers should be taken in, and to aid them in their arduous deliberations—the whisper is given for what it is worth—the bar-keeper in the smoking-room was elected an honorary member, and he was asked what papers were read most and which were the most torn, these latter were of course to be considered the most read, and those that should be taken in. Of course James's answer gave the names of the papers (forsooth) *he* most preferred.

SIR, a jaded Extern has been known to refresh his wearied mind—there were none in the Club—with the Reviews in a *Bermondsey Public Library*.

By your kindness perhaps, Sir, the anomaly of a "Club" without a weekly Review will be overcome, or a satisfactory explanation from some member of the Committee obtained.—I am, yours truly, G.

DEAR SIR,—Now that the specimens in the Museums are being re-labelled, might I suggest that the example of some of the other London Hospitals be followed, and that those specimens which are useful for examination purposes have a coloured label attached to distinguish them from the more rare ones and from those which are simply preserved as curiosities —I am, yours truly,

FREDERICK D. LUMLEY.

SIR,—May I humbly venture to call the attention of the authorities to the thick layer of sulphur and carbon deposited by the late fogs on the windows of the Wards, which must interfere with the literary pursuits of the patients, and adds an additional element of uncertainty in the hunt after typhoid spots, and other similar spoils of the Medical Wards —Yours truly, G. L.

EXAMINATION PAPERS.

INTERMEDIATE EXAMINATION IN MEDICINE.

Anatomy.—1. Give a concise account of the position, relations and connexions of the cerebellum, its superficial topography, and its structure, as far as it can be made out by the naked eye. 2. Describe the muscles which connect the upper extremity with the trunk, giving the origin, insertion, nerve-supply and action of each. 3. Describe the position, relations and attachments of the lesser or gastro-hepatic omentum. What are the parts which are contained between its layers, and how are the positions of the borders and surfaces altered by normal alterations in the surrounding viscera? 4. Describe the steps of a dissection required to expose the gluteal artery and its branches outside the pelvis, mentioning, in order, the parts met with.

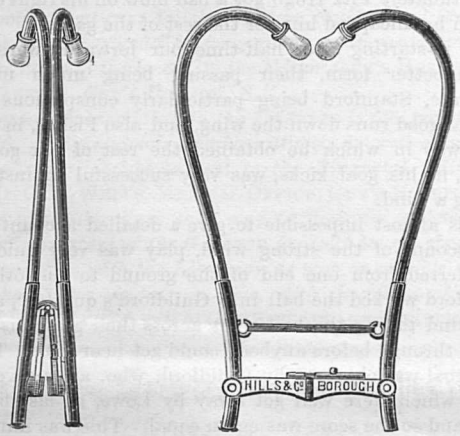
Anatomy.—1. Describe the steps of a dissection by which you would expose fully the Supinator Brevis muscle. Give its origin, insertion, and relations. 2. Give a description of the thyroid cartilage, with an account of the several muscles and ligaments attached thereto. How far is it in contact with vessels, nerves or mucous membrane? What motions take place between it and the structures related to it? 3. Describe the internal cuneiform bone. Give the origin, course, nerve-supply, and action of the muscles attached to it. 4. Describe the structure, position, and relations of the root of the right lung. How does it differ, in these respects, in the fœtus from the adult condition? and what are the differences between the root of the right lung and that of the left?

Physiology and Histology.—1. Describe the method of ending of motor nerves in the skeletal muscle of vertebrates. What do you understand by the "latent period" of a muscular contraction? 2. Describe the structure of the mucous membrane of the small intestine. By what means has its secretion been collected? What is the action of this secretion? 3. What effects can be produced by stimulating the cervical sympathetic? 4. Describe the structure of the sweat glands. What are the chief conditions which influence the secretion of sweat? Compare the conditions with those which govern the secretion of the salivary glands. 5. In what substances do the elements—sulphur, phosphorus and iron—enter and leave the body? 6. What is the relation of the occipital lobes to the sense of vision? By what experimental evidence has this relation been ascertained?

Organic Chemistry.—1. State briefly the chief characteristics of the series of hydrocarbons indicated by the general formulæ:—$C_n H_{2n} + {}_2$, $C_n H_{2n}$, $C_n H_{2n-6}$ (Benzene) 2. A volatile liquid was found, by analysis, to have the following composition:—Carbon 62·07 per cent., Hydrogen 10·34 per cent., Oxygen 27·59 per cent., calculate an empirical formula for it, and, from its vapour density, 29 (H=1), deduce is molecular weight. By what experiments could you ascertain whether it was an aldehyd or a ketone? 3. State the composition and describe the properties of cane-sugar, milk-sugar and maltose. How is maltose obtained from starch? 4. How would you extract pure caffeine from tea? What relations have been recognised between caffeine, theobromine and xanthine? Why are these substances said to belong to the uric acid group? 5. Write equations expressing the reactions which occur in applying the *chief* tests for urea, alcohol, hydrogen cyanide, tartaric, oxalic and salicylic acids. 6. Phenol is sometimes called *phenyl hydrate* or *phenyl alcohol*, and sometimes *carbolic acid*. From your knowledge of the properties of this compound, discuss the propriety of each of these names. By what reactions can you obtain from phenol, each of the following compounds:—aniline, benzene, picric acid, resorcinol?

Materia Medica and Pharmaceutical Chemistry.—1. Give an account of the following acids, with their actions, preparations and doses:—Acetic, Lactic, Nitric, Salicylic, Sulphuric. 2. What are the official compounds and preparations of Antimony? How are they prepared? Describe the local and general actions of Antimony, and give the doses of its preparations. 3. Give the preparations, actions, and doses of the following:—Strophanthus, Nitroglycerine, Hamamelis and Cannabis Indica. 4. Give the composition of the following:—Pulvis Sodæ Tartaratæ Effervescens, Trochisci Sulphuris, Extractum Colocynthidis Compositum, Emplastrum Calefaciens, Linimentum Terebinthinæ Aceticum, Pulvis Opii Compositus, Pulvis Elaterini Compositus, Pilula Scillæ Composita, Mistura Olei Ricini, Syrupus Limonis. 5. Give an account of Jaborandi, including its nature, source, active principles, official preparations, and physiological actions. 6. Classify the Purgatives in the Pharmacopœia and describe their modes of action.

A NEW PORTABLE STETHOSCOPE.



We must congratulate our friend, Mr. Burroughs, on his design of a new stethoscope, which has been carefully and ably carried out for him by Messrs. Hills & Co. The carrying of a binaural stethoscope has long been a trial of ingenuity to the general practitioner. He is not like a medical ward clerk; he does not wish to press his identity upon everyone in the form of a silvered limb or chest piece of that instrument; he would rather conceal it and not allow its shape to be clearly seen in his pocket. Mr. Burroughs' idea completely relieves the cares of the G. P. in this respect, for he is enabled to fold the limbs of the stethoscope together, and by pushing up the uniting cross bar towards the india-rubber band, which acts as a gentle and sufficient spring, the ear pieces are brought into such close proximity that the whole instrument may be placed in the breast pocket of a coat without disclosing its identity or causing any inconvenience. The conducting power is good, and the strength of the elastic band can be regulated to suit the width of anyone's face, and so avoid undue pressure in the external auditory meatus.

We can cordially recommend this form of stethoscope to old Guy's men.

CLEVER AMPUTATION OF THE FOOT.

"Mr. Wheelhouse is professionally celebrated for a remarkably clever amputation of the foot."—

Daily Graphic.

Is the *Graphic* young man very anxious just now
To extol Mr. Wheelhouse and doesn't know how?
And wanting his surgical fame to advance,
Makes an error as much by design as by chance;
Or maybe we're at fault and much behind time,
And Wheelhouse perchance does a "modified Syme,"
And hauls up his heel-flap by means of a hook,
In a manner peculiar but not in the book;
Still, we've come to conclusion on closer inspection,
That we should after "clever" read "Perineal Section."

PASS LIST.

FIRST CONJOINT EXAMINATION, January, 1892.

MATERIA MEDICA AND PHARMACY.

Askew, C. A. C.
Fisk, E.
Handley, W. S.
Harnett, C. J.
Henson, W. W.
Hughes, S.
Lawton, W. C.
Loud, F.
Nicholson, T. M.
Pern, H.
Rainbird, A. P.
Steward, F. J.
Tresidder, M. E.

CHEMISTRY AND CHEMICAL PHYSICS.

Francis, C. J.
Gibson, C. W.
Salmon, C. A. C.
Stamford, R. B.
Todd, D. B.

ANATOMY AND PHYSIOLOGY.

Collier, H. N.
Fulton, H.
Huckle, A. H. H.
Todd, D. B.

PHYSIOLOGY ONLY.

Ta'Bois, F. W.

SECOND CONJOINT EXAMINATION.

ANATOMY AND PHYSIOLOGY.

Cock, H. E.
Coleman, J. J.
Fry, A. C.

ANATOMY ONLY.

Curtis, P. J.

PHYSIOLOGY ONLY.

Bensted, L.
Cloud, F. H. L.
O'Neill, B. P.
Sweetlove, J. W.

Sport.

RUGBY FOOTBALL.

GUY'S FIRST XV. v. WICKHAM PARK.

This match was played on January 22nd, on a ground very soft from the recent thaw, and resulted in a victory for Guy's by 2 goals and 5 tries to a goal. Ensor at back was worse than uncertain, but all the three-quarters played well, and among the forwards Shorland, Biggs (winging), Rowland and Sclater were conspicuous, the two last backing up the back division and collaring and saving in a manner which the others might well imitate.

Layman, who never passes at all or in the wrong place (particularly out of touch), used his weight well. Retaliatory movements on the part of the opposing forwards seemed to paralyse our pack who *won't* hold up the scrum and give the halves a chance. Among the spectators, Mr. Rygate was useful.

If the forwards could come to some understanding to play a dribbling game in their own half and a passing game when in their opponents', we should get on much better. As it is, half of them heel out and the other half hoof

back again, and the whole lot want a breather the moment the ball is away, Shorland being the only man who really plays (and talks) hard from start to finish.

GUY'S FIRST XV. v. CHARING CROSS.

This cup tie was a scratchy affair, which we should have been better without. Everybody played for himself. Jones indeed passed well for the first 15 minutes, but then, finding the game a farce, kept making little "tin pot" runs on his own account.

The forwards had plenty of opportunity to spread out and play a decent passing game, but decided otherwise, Layman being the chief offender, his great idea seeming to be either to get a try or knock the goal posts down.

The three-quarters had few chances, but Bell took what passes he could get beautifully.

We won by 5 goals and 5 tries to nil.

GUY'S FIRST XV. v. ROSSLYN PARK.

This match, from our point of view, was a fiasco; Guy's losing by 2 goals and 2 tries to nothing.

After playing a successful defensive game against a strong wind, and stronger forwards in the first half, our men suddenly went to pieces, and in the second half, after Chaldecott had scored once, they got their tails down and collapsed utterly. Criticism is uncalled for. The faithful Guy's contingent of spectators went away sorrowing, and Mr. Bettington's dog—than who there is no better judge of the game—was seen making his way for the gate a quarter of an hour before time, to get his money back.

ASSOCIATION FOOTBALL.

SEMI-FINAL SURREY CUP COMPETITION.

GUY'S HOSPITAL v. GUILDFORD.

This cup tie in the Surrey competition was played on the Reigate Priory football ground on Saturday, Jan. 30, but unfortunately no definite result was obtained, as at the call of time both sides had succeeded in scoring three times. The match was watched with interest by an appreciative crowd numbering some hundreds, who were fully repaid for the trouble they had taken to be present, as an even and exciting game ensued. There was a very high wind blowing which made accurate play very difficult, but both sides showed good combination. The Hospital was unfortunate in not having quite their best team of forwards, as Cotterill was down with the all-prevailing influenza, and Hibbard is playing for his county, Kent. Having won the toss, our captain elected to play with the wind, and up the hill, and Guildford started play which soon settled down in their half, but our forwards seemed unable to get in any telling shots, until after about twenty minutes' play Pendred succeeded in giving the Hospital score a beginning. This roused the Guildford forwards, who rushed the ball down into our half, and, after some play round our goal, equalised. No further score took place before half-time, our forwards not being able to keep the ball close to their feet on account of the wind, but unfortunately Fitz Hugh got a bad blow on his right eye, which handicapped him for the rest of the game.

On re-starting after half-time our forwards were in much better form, their passing being much more accurate, Stamford being particularly conspicuous by several good runs down the wing, and also Fisher, in the cool way in which he obtained the rest of our goals. Lowe, in his goal kicks, was very successful against so strong a wind.

It is almost impossible to give a detailed account, as on account of the strong wind, play was very quickly transferred from one end of the ground to the other. Stamford worked the ball into Guildford's quarters, and the wind taking the ball right across their goal, Fisher put it through before anybody could get near him. The next goal was obtained by Guildford, who, after several shots which were well got away by Lowe, at last beat him, and so the score was again equal. This was immediately followed by another goal for the Hospital, as from the kick-off the ball was passed out to Stamford; he took it down the wing, and on his middling, the wind took the ball across the goal to Fisher, who repeated his previous performance, and so put the Hospital again a goal to the good. But we were unable to prevent Guildford again from equalizing, as just before the end, by a long shot, they put on their third goal, and immediately after time was given, with the above result. It is hard to criticise the Hospital play on so windy a day, but the most obvious thing was the weakness of our forwards in front of goal, which must be greatly improved if we want to carry off the cup.

TEAM.—P. R. Lowe (goal), W. G. Frith (capt.), and H. D. Pacher (backs), A. M. Daniel, H. Hewetson, and W. Poole (halves), W. H. Fisher and R. T. Fitz-Hugh (right wing), R. B. Stamford and W. G. Waymack (left wing), B. Pendred (centre) (forwards).

Advertisements.

Cliftonville, Margate.—Resident Patients.

M.D. Lond., F.R.C.S. Eng., married, residing in a commodious house facing the sea, with tennis court in front, also good balcony, wishes to receive two or three RESIDENT PATIENTS. Drainage of house guaranteed *perfect*. Terms moderate.—Apply M.D., Carlton House, Dalby Square, Margate.

RESIDENT PATIENTS.—A Married Medical Man, living at a healthy watering-place on the East Coast, is anxious to meet with a Resident Patient. Capital grounds, with tennis court and billiard room. Subsoil sandy. Drainage perfect. Highest references. Terms according to requirements. Suite of rooms if required. Apply, Dr Roberts, The Beeches, Lowestoft.

FOR DISPOSAL, in the S.E. District of London, a genuine Practice, receipts amounting to £400 per annum. Established 5 years. Lowest Price £450. —Apply to H., c/o Mr. Wells, Guy's.

WANTED by a Guy's Man, a Practice or Death Vacancy, in a good place, on South Coast preferred, not far from London. Can find cash up to £1,200.—J., c/o Mr. Wells, Guy's.

Notice.

All Communications, Articles, Letters, Notices, and Books for Review, should be forwarded, accompanied with the name of the sender, to the Editor, GUY'S HOSPITAL GAZETTE, *Guy's Hospital, S.E.*

The annual subscription to the GAZETTE *is 6/6, post free 7/6. All financial communications, as well as subscriptions, should be sent to the Financial Editor,* MR. C. H. WELLS, MEDICAL OFFICE, GUY'S HOSPITAL.

Any of our Subscribers, who may be desirous of having their numbers of the GAZETTE *for 1891 bound, should leave them with the Librarian as soon as possible.*

The charge for binding in blue, with the Arms of the Hospital in gold, will be ONE SHILLING *and* SIXPENCE.

Guy's Hospital Gazette,

FEBRUARY 20, 1892.

THE RESULTS OF PLEURISY.

CLINICAL LECTURE BY DR. GOODHART

JANUARY 23RD, 1892.

Summary of report of case.—D. L., 55; occupation, baker. Twenty-nine years ago had typhoid fever and bronchitis. Has been in the habit of drinking five or six pints of beer per diem, with hebdomadal augmentations; also rum in the mornings. In Guy's, January, 1887, for dropsy and bronchitis. Doubtful diagnosis of mitral regurgitation was made. There was dulness of left side downwards from sixth rib; diminished entry of air at both bases; slight systolic bruit at sternal end third left cartilage. Treated with acetate of potash and compound jalap powder. Left Hospital much improved. Re-admitted in December, 1887. Diagnosis chronic bronchitis, tricuspid regurgitation; no history of acute rheumatism. The liver was then enlarged; a systolic bruit heard all over præcordial area. Under treatment this bruit disappeared and the liver diminished in size. January 8th, 1892, again admitted.

On admission.—Patient was markedly blue, not only in the face, but also in the fingers and toes. Blueness of fingers and toes is most important for prognosis. [A case was cited of an old bronchitic who, though feverish, was apparently going on well until his fingers and toes became tinged with blue, notwithstanding that his face remained a good colour. This chiefly aroused apprehensions, which were confirmed by the patient's speedy death.] Cardiac impulse felt deeply in epigastric region; a blowing systolic bruit heard—very loud at lower end of sternum, hardly audible at angle of scapula. At the bases of the lungs there was a fair vesicular murmur accompanied by fine crepitations. It was thought that probably there was incompetence of both the tricuspid and mitral valves: the case, in a nutshell, being one of chronic bronchitis, hence impeded pulmonary circulation, leading to tricuspid regurgitation, and to some secondary yielding of the muscle of the left ventricle, and hence mitral regurgitation also. Eventually the patient died.

At first this case was supposed to be primarily mitral, but probably it had never been so. This was concluded chiefly from the circumstance that the bruit was very loud at the ensiform cartilage, but soft and distant in the mitral area.

It is less common to find extreme tricuspid incompetence secondary to mitral regurgitation than in primary stress in the lungs or in mitral constriction. Difficulty is frequently experienced in discriminating whether it is the mitral or the tricuspid that is at fault; this may be further enhanced by having too rigid a conception of the position of the heart with regard to bruits; thus, a mitral bruit may be conducted to the ensiform cartilage. The more cases one sees the less one thinks the rule infallible, that particular bruits are heard best at particular spots and at these only.

Tricuspid bruits are very common, and are often mistaken for mitral murmurs.

One chief source of fallacy lies in the fact that the dilated condition of the right side

pushes the heart leftwards, where the apex disappears beneath the lung, so that auscultation apparently over the apex is in reality over the right side of the heart, and this may be abundantly confirmed by the position of things at autopsies.

At the post-mortem of the case in point, not quite the common state of things that had been supposed was found. There was little evidence of any mitral incompetence; a very considerable amount of capillary bronchitis was present, but the chief disease was old pleurisy of both bases, the lower parts of the lungs being much thickened and condensed, the condition in both lungs being much the same.

Right ventricle tough and dilated; left ventricle a little so too.

Probable course of disease—chronic old pleurisy at bases, leading to shrinking of lung tissue, thence dilatation of bronchial tubes, and to an emphysematous condition of things and impediment to movement of diaphragm.

Such an adhesive condition is very insidious, and very difficult to diagnose, but quite commonly a cause of death that, but for an autopsy, would certainly be registered as only chronic bronchitis.

From the point of view of life insurance such old pleurisy is of great importance, as it can only be regarded as a serious notch in a life history.

In this case the so-called bronchitis which accompanied his enteric fever may have been a pleurisy, and so have given rise to his subsequent lung condition; but there is no trustworthy history of how it arose.

Another effect of basal pleurisy is an extension of the inflammation through the diaphragm, and thus it comes to be a cause of matting of the structures generally about the mid-rib, and thus the spleen, liver, or the vena portæ at the portal fissure become compressed, and hence ascites may arise without any apparent cause.

There is at present a case in Miriam (cot 35) suffering from attacks of shortness of breath, with vanishing and reappearing ascites, and a large liver; at first it was thought that tubercle was at the bottom of the hepatic enlargement; in such case the dyspnœa would be explicable by enlargement of mediastinal glands or by acute tuberculosis. There is no evidence of the latter.

This patient also exhibits a rounding of the præcordial area; the heart sounds are thick but no bruit is detectable; and it is possible that a similar explanation may suffice that there is some pericardial adhesion, some insidious matting which interferes with the action of the lower part of the lungs. This train of thought originated in the recollection of a little boy in Philip, some time ago, who had attacks of dyspnœa with cyanosis and an enlargement both of liver and spleen; eventually he died, and at the inspection there was found old pericardial adhesion which had caused great damage to the muscular tissue of the heart.

In each of these cases there was probably a slow insidious disease, which had hampered and damaged the freedom of the circulation in the viscera in contact with the diaphragm, and it was in this special point that the importance of the case taken for this lecture seemed to lie.

In speaking of the causation of this chronic insidious pleurisy and fibroid lung, Dr. Goodhart laid stress on—

1. Syphilis, and
2. Alcohol, as being chief factors.

Syphilis has a tendency to affect serous membranes, thus we may find big cartilaginous plates over the surface of the lung.

This process need not be limited to the pleuræ, but is found spreading through the diaphragm causing capsulitis of either liver or spleen. Gummata in the lung are not common, but notwithstanding the doubts of certain observers they certainly do occur, and when they occur

may lead to considerable fibroid change in the lung. Dr. Goodhart here made a digression to emphasise an important clinical fact, namely, the close relation, anatomically and pathologically, of the serous cavities, pleuræ, pericardium and peritoneum; that though separate they are really one. In acute peritonitis a pleuritic rub may often be heard, and in pleurisy pain in the region of liver and spleen may arise, due to some local peritonitis in those regions as a direct extension of disease.

Then alcohol, it has been well said, has a tendency to pickle all the organs of the body: so you get a shrivelled liver, perhaps shrivelled kidneys and shrivelled lungs.

Insidious acute pleurisy leading to pleural effusion, which is not rapidly reabsorbed, may lead on to much chronic fibroid change, and in such cases even there may be wonderfully little history of previous illness. But this condition is generally unilateral, and will not therefore serve to explain such cases as the one in point, in which the change was bilateral.

For children, too, it is quite possible for a bad pericarditis to spread to the pleura on either side, and thus produce the condition of things under consideration.

The condition inappropriately called fibroid phthisis is of several kinds. When unilateral, it may be the result of acute lobar pneumonia; this is uncertain. A more common cause is certainly an unrecognised empyema.

Stenosis of a bronchus produces a condition of very gradual collapse in the lung; secretion is retained in the smaller bronchial tubes, this decomposes, produces ulceration, accompanied by chronic inflammation, around the tubes.

Such chronic peribronchial inflammation may be caused by irritating extraneous particles, as miners' phthisis, etc., and attention was drawn to the fact that this patient was a baker.

Without necessarily producing stenosis, syphilis leads to ulceration of the bronchi, which may be seen *post mortem*, or the scars resulting from the ulcers. This chronic ulceration leads also to chronic peribronchial inflammation, a fact that Dr. Goodhart thought was not sufficiently dwelt upon as a clinical, in distinction from a pathological fact, but which, if remembered at the bedside, he believed to be capable both of recognition and treatment. With regard to the treatment of these old cases of chronic bronchitis, he had but little to say that was not to be found in any text book. The majority of cases in the condition in which this patient was are hopeless. Venæsection may occasionally rescue the patients for a time.

Compressed oxygen might be tried, and was suggested by one of the clinicals in the case quoted; but having none at hand, it was not tried.

Physical Society.

A meeting of this Society was held on February 6th, in the Smoking Room. Mr. G. Sichel brought forward the motion for debate, "That in the opinion of this Society the increase of specialism is detrimental to the interests of the medical profession and the advancement of medical science." The smoking room furniture had been arranged for a rather larger gathering than was seen when at eight o'clock the Hon. Secretaries entered and Mr. Leathes, the president for the evening, took the chair; but there were some late arrivals, and in all more than fifty members were present.

Mr. Sichel said that at the outset he would briefly review the present condition of the profession with regard to the matter in hand. There were, in the first place, the general hospitals, at which the special branches of medicine and surgery were in the hands of the same physicians and surgeons as the general hospital practice. These were men specially chosen for their ability and proficiency in the whole range of medicine or surgery, as the case might be. Secondly, there were certain special hospitals at which cases only of some one complaint were seen, and where the practice was in the hands of men not selected by the high standard of a general hospital. There was the Hospital for Cancer, for instance. Now cancer, he thought, was eminently a subject for a general hospital, inasmuch as so many forms of cancer were concealed from view and required the highest general medical skill for their recognition; and the same would be found to be the case with other

diseases—gout or hydatid, or what not. They would all be best treated by men of the highest all-round proficiency, such as were found at general hospitals rather than special.

The mistakes made by specialists were the next point on which he touched: these were due to the narrow field of vision that these men allowed themselves. He knew of a man who had consulted a specialist on the lungs for a cough; finding no relief from the treatment, he tried a specialist on the throat, and then a nerve specialist, each with the same result. On finally resorting to a general practitioner, his family doctor, he was cured by treatment for dyspepsia.

Again, the question of expense to the public should be borne in mind. A man with an ulcer in his nose extending into the pharynx, if he consulted specialists, would have to consult two, and pay two fees for the curing of the one ulcer. Lastly, he thought the interests of science would be endangered; for men would come to the hospitals intending to be specialists, and with no idea of spending more time or trouble on general medicine than was barely necessary for the cramming to pass the examinations.

Mr. A. J. SHARP, who opposed the motion, wished first of all to express feelings of deep regret and concern at the absence of Mr. Meadows Turner, which he felt sure the Society shared. In answer to the proposer, he said that specialism was the natural product of natural forces which could not be resisted; and that being so, there was no fear of unnecessary specialism arising. The specialist in diseases of the big toe—the hallucist, as he might be called—was not such a natural product and could not exist. Mr. Sichel had said that the increase of specialism was bad for the profession; but he thought the specialist was the glorified ideal of a medical man, one who had cast aside the natural cloak of human vanity and was content to do a small thing well. That specialization of structure goes hand in hand with elaboration of function, he thought was the law which directed the development of the profession. Every general practitioner must have his hobby, some subject in which special research was necessary for the progress of science, but he need not and should not, therefore, give up general practice. McMunn and Jonathan Hutchinson were instances he quoted, of men who in general practice had cultivated natural talent on special lines. Bacteriology, again, was a subject in which none but the most minute specialism could hope to achieve anything. The difficulty of the diagnosis of aural diseases could only be overcome by men who had devoted more time to it than could be expected of any and every medical man. And the man who knew something of everything should also know everything of something. He was confident that future ages would reckon the proposer of the motion among the great specialists in gynæcology.

Mr. H. E. DURHAM thought Mr. Sharp's instance of the impossible specialist, the hallucist, unfortunate; had he not heard of the chiropodist who put up over his door "Veni, vidi, vici—I came, I saw, I corn-cured?" What he had said of the bacteriologist was also beside the mark, no one contested the necessity of specialism in research. Specialism, he thought, arose in two ways; there was not only the cultivation of hobbies, of which Mr. Sharp had spoken, but there was also the popular desire for specialists to be taken into consideration. Landladies and others would frequently ask whom they ought to consult about a housemaid with the decline. It was best to meet such inquiries half-way; it depends on the sort of decline. For the benefit of such people a directory was in existence in which among the gynæcologists appeared the name of Mr. W. H. A. Jacobson. A surgeon, with whom the speaker had occasionally had some conversation, told a story of a patient who came to him about a growth in the naso-pharynx, and said that he had consulted the directory, found the list of specialists on the naso-pharynx, and, shutting his eyes, stabbed at it with a pin. And that was how it was that he had come to consult him.

Mr. PARRY pointed out that the motion contained two distinct propositions. Specialism in the practice of the profession was different from specialism in science. Mr. Sharp, he thought, had not argued to the point which related to the *increase* of specialism. In medical science no more than any other departments of science could there be any advance without specialism.

Mr. W. K. STEELE, after a pause, rose to say that he had nothing to say, but would gladly fill a gap with an old joke. Someone much impressed with the growth of specialism once said there would soon be an Umbilicus Hospital. "That there is already" was the reply, "the Naval Hospital at Greenwich." He had noticed, too, an advertisement of the "Royal Liver Friendly Society," another specialist institution, presumably. There were two aspects from which he thought the growth of specialism was dangerous. In the first place, it opened a loophole for swindlers. Fortunes could be made with no other stock-in-trade than an odd name, a house in the West End, a little capital, less capacity, plenty of cheek and plenty of puffing in the press. Secondly, he would like to know, in the interest of examination candidates, where it was going to stop. It was bad enough as it was to be examined in surgery by an oculist or pure anatomist. Was the time coming when the phrenologist could require one to go over the bumps on the President's head?

Mr. RAKE thought a distinction should be made between the medical art and medical science. In the former, specialism was undesirable. He quoted the case of a gentleman who travelled thousands of miles to consult specialists on an obscure affection of the larynx which completely baffled them, but which a general practitioner proved to be curable by removing the cause, a fish-bone. Neurotic women, too, required treatment by men who were artists, not specialists.

Mr. WOHLMANN asked if he might propose an amendment to the effect that increase in specialism was detrimental to the interests of the medical art. The

President pointed out that amendments were not allowed, and in this instance one was not necessary; inasmuch as the proposed amendment amounted substantially to a limitation of the discussion to the part of the original motion. If Mr. Wohlmann wished it and Mr. Sichel was willing, he thought there could be no objection to taking the votes of the meeting on a part of the motion as well as on the motion as it originally stood. Mr. Sichel having given his consent to the arrangement, Mr. Wohlmann then said that specialism in scientific research must grow if science was to advance. Specialism in the art of medicine was lucrative, but that was all that could be said for it. He referred to the case of a contemporary of his who had "specialized": £20 had represented half the profits of one morning's work in the experience of this specialist. There could be no question that the monetary interests of the medical profession were advanced in this way, but the true interests were not.

Mr. PAKES said he wished to oppose both Mr. Wohlmann and Mr. Sichel. Specialism was universal. Englishmen had specialized in shopkeeping, Cretans in lying. Specialism was the rule at the Bar. He thought the specialist was at the zenith of the profession and could only exist in virtue of that fact: his position was made possible by his prestige at his hospital, and the high opinion of him held by general practitioners. He thought that there was no danger of students developing a hobby till they knew something of everything. He thought that specialism in science which everyone recognized as necessary, must always create specialism in art, and that the methods and operations of general medical practice could all be traced back to specialists who had originally practised and perfected them and *left them as a legacy to future generations of general* practitioners.

Mr. BLIGH thought that the opposition had not paid sufficient attention to the introduction of the word "increase" into the motion. It was the increase of specialism that was undesirable.

Mr. SICHEL, in reply, congratulated himself on the treatment his motion had received from those who opposed it. He thought that Mr. Sharp had missed the point of the motion, which was, that specialism should not increase out of proportion to the necessary growth of the profession as a whole. His contention was that good men were wanted for the special work, and that therefore specialists should bear a small and fixed proportion to the rest of the profession.

The votes were then taken upon the motion as it originally stood; they were declared equal (14 on each side) and the President gave his casting vote in favour of the motion. The votes were then taken on the part of the motion which implied that the increase of specialism was detrimental to the advancement of medical science. For this there were none, against it 18.

Notice was then given of the alteration of the subject of Mr. C. E. Salter's paper for the next meeting of the Society from "Transfusion" to "Influenza"; and the meeting came to an end.

Hospital News.

IN THE WARDS.

UNDER DR. PYE-SMITH.

PHILIP 27 Presents the following features:—
1. Pain in chest, for which he sought admission.
2. Temperature (102-104) and quick pulse.
3. Pleuritic rub three weeks ago.
4. Pericardial rub two weeks ago, lasting a week.
5. Since then dulness in right side.

Leeches were applied to chest for the pleurisy, and shortly after a large diffuse swelling appeared over the manubrium; on incision into this, pus escaped, bare bone was found, and in the third left space a cavity, which seemed to continue behind the sternum.

UNDER DR. TAYLOR.

MARY 38 Mitral stenosis. Thrombosis of left brachial vein.

44 Hydronephrosis: an exploratory operation showed the kidney to be apparently healthy, and left as the only explanation of clinical symptoms, floating kidney with kink in ureter.

46 Peripheral neuritis in an early stage. Cause obscure.

STEPHEN 2 Ataxic paraplegia; history of epilepsy. Ataxic symptoms well marked; paraplegic symptoms only just beginning to appear. Opaque optic nerve fibres.

5 Empyema of some months' standing; operated on a week ago.

10 Pleuritic effusion: with somewhat erratic physical signs. Aspirated a fortnight ago; not yet cleared up; possibly becoming purulent.

20 Cerebral syphilis. Optic neuritis. History of fits of no very definite type. No ataxia, but tendency to fall towards the right. Tenderness of fifth nerve on pressure, and affection of hypoglossal and the nerves of articulation, which may possibly be analogous to the affection of the optic nerve.

UNDER DR. GOODHART.

MARY 13 Right hemiplegia: ptosis of left eyelid and diplopia. Speech affected.

14 Mass over stomach in left hypochondriac region. ? Induration from old gastric ulcer. ? Spleen.

19 Mitral stenosis with thrill.

PHILIP 1 Pseudo-hypertrophic muscular paralysis of old standing in boy of 5.

3 Early progressive muscular atrophy.

Philip	10	Early G. P. I.
	11	Tremors of feet and legs.
	13	Partial aphasia.
	6	Aortic stenosis and regurgitation. ? Mitral regurgitation.
	8	Mitral stenosis.
	16	Aortic stenosis and regurgitation.

Under Dr. Hale White.

Mary	3	Tuberculosis of lungs. Disproportion between physical signs and constitutional effects of tubercular poisoning.
	8	Aortic and mitral disease. Ætat 18; good history but for influenza. Pain, the only subjective symptom, which coming on only after exertion, is suggestive of angina.
	12	Bromide rash.
Stephen	21	Acute nephritis, complicated with secondary specific rash. Being treated with mercury.
	26	Admitted January 14th; influenza and bronchitis, developing otitis, and musical systolic apical bruit, and on February 13th, pain in left loin, with albuminuria.
	32	Ascites and phthisis.
	34	Motor aphasia and word blindness.
	36	Aortic to and fro, with symptoms of aneurysm.
	39	Cardiac case—for diagnosis.

Clinical.—The most interesting case in Clinical is a boy, John L., æt. 15, in 13 John. He has a loud, to-and-fro, rough bruit, loudest in the pulmonary area in front, and by the spine of the left scapula behind. A great many have been in to listen to the bruit, and those having authority have suggested the following diagnoses: Dilated pulmonary artery, ? cause. Widely patent ductus arteriosus. Ulcerative endarteritis affecting pulmonary artery and aorta, and leading to a communication between them. The history of the patient does not give much help; he seems to have got on fairly well till lately; he is not obviously very ill, although his face has a somewhat congested tint it is very different in appearance from that of a patient with morbus cœruleus.

The case of pericarditis on which Dr. Goodhart gave a Clinical Lecture on Jan. 9 (Fred S., æt. 16), ended fatally on Feb. 9. The illness had lasted two months, and it had been a fairly typical case of pericarditis with effusion. On Dec. 21st, 1891, 3¾ ozs. of clear serum had been drawn off from the pericardial cavity. At the post-mortem 5 ozs. of pus were found in this cavity, the pericardium was more than ¼ of an inch thick everywhere, and adherent to the walls of the auricles. There was a good deal of organising fibroid tissue in mediastina, about roots of lungs, etc.

In Miriam 19 is a small child, Linda, B., æt. 3, the most striking feature about this case is the swollen abdomen; this is found to be made up of an enlarged liver and spleen with ascites. The child suffers from dyspnœa. There is some prominence of the chest wall over the heart. Diagnosis. (?) Adherent pericardium.

In Miriam 28 is a woman (Louisa F., æt. 46), suffering from cirrhosis of the liver, she was tapped three or four times before the commencement of this year. Six weeks ago this patient's liver reached nearly to the umbilicus; its hobnailed surface can now be felt, and its hard edge 1 inch below the costal margin is very evident.

In John 16 was a boy, A. B., æt 16., with apical pneumonia. The onset was very sudden, and he was brought up to the Hospital immediately. He had rusty viscid sputum, slight pleuritic rub, no distinct dulness. Temperature 104·6. He had much pain in the root of the neck on the left side. Ice poultice brought temperature down to normal in 24 hours. No further rise, drowsy for 48 hours. Complete recovery in three days.

The next patient that came into this bed had right apical pneumonia, he is a man, æt. 42, who on January 28th was attacked with influenza. Vomiting, diarrhœa and cough came on the same day. On Wednesday, Feb. 3, patient managed to walk up here, and was admitted at once. He had dulness and bronchial breathing at the right apex. On the night of the 4th Feb., temperature came down by crisis.

Besides the above two cases of apical pneumonia we have had three others in Clinical since the commencement of the year; they have all followed influenza. One in a man, æt. 45, ended fatally; but in this case, as well as right apical pneumonia, there was left basal. Old fibroid change was also present at the right apex.

On Feb. 13, we admitted a very interesting skin eruption. It was popular, and the patches varied in size from a hemp seed to that of a split pea, the rash was situated on the hands and feet, a few being on the palmar surface, and the extensor surfaces of the arms and legs. It was thought to be most like an early secondary syphilitic eruption. The illness began on the 6th, with pains in the groins. The rash came out on the 10th.

Effusion was found in the knees, and pain in the left metatarso-phalangeal joint, with swelling from effusion.

The rash disappeared in 48 hours under salicylate of soda, gr. xx 3tiis horis. And it was decided that the rash had been a rheumatic erythema.

Under Mr. Davies Colley.

Luke.—Gangrene of scrotum and extravasation of urine. A patient who wounded his perineum 29 years ago, but had no trouble till recently, when he suddenly felt a sharp pain, and on the following day a swelling appeared; from that time he had painful frequent micturition. Patient doing well under treatment.

Under Mr. Jacobson.

The occurrence of unilateral secondary parotitis after injuries to, or operations upon, important abdominal viscera is well seen in the case of a woman now under Mr. Jacobson's care in Clinical Private Room, in which it appeared on the third day after nephrectomy for early tubercular disease (a calculus having been removed from

the ureter three weeks previously). The swelling was freely incised 48 hours after its appearance, but only a trace of pus escaped. This complication has been noticed after such conditions as the following:—Passing a catheter, use of a sound, cystitis, peritonitis (from various causes such as delivery, abortion, injury or perforation), gastrotomy, gastrostomy, enterostomy, ovariotomy, herniotomy and abdominal section of any kind. In the case of President Garfield after a bullet-wound of the lumbar spine; malignant disease of lumbar spine, the use of a pessary, and during pregnancy disappearing with delivery and recurring with a succeeding pregnancy. Apart from these conditions parotitis is seen as a part of general pyæmia, and during or after the specific fevers, especially typhus and typhoid.

Under Mr. Symonds.

Martha 13.—Ectopia vesicæ in boy of 2½. Between the umbilicus and pubes extends the exposed posterior wall of the bladder. The orifices of the ureters are two prominent nipple-like projections. The penis is in a condition of hypospadias. The scrotum extends between two large fleshy folds, which look like labia. An inguinal hernia has been radically cured on the left side, and the testis of that side removed. No other operation has yet been performed.

DEPRESSED FRACTURE OF THE SKULL.

The following case of Depressed Fracture of the Skull presents points of interest, in the great amount of the damage to the brain, the formation and subsequent cure of herniæ cerebi, and the subsequent complete recovery of power in the paralysed limbs.

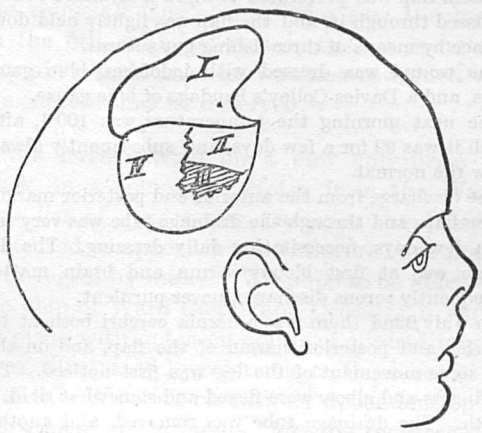
The patient was a little girl, aged one year and eight months, who was being carried down some stone stairs, when the slipper of the boy who was carrying her came off, and he fell striking the child's head against one of the steps.

On admission, July 19th, 1891, immediately after the accident, the left arm and leg were completely paralysed, contrasting strongly with the limbs of the right side, which were in constant movement. The left side of the face twitched occasionally. The pupils were equal and reacted to light. Just in front of the right parietal eminence a depression in the skull could be felt, about 1¼ inches from the sagittal suture. There was no wound of the skin, but a hæmatoma was present at the seat of injury.

Mr. Jacobson, in the absence of Mr. Howse, decided to operate at once. A C E being administered, a large semilunar flap was dissected up over the seat of fracture; brain substance escaped at the first incision, together with some blood and cerebro-spinal fluid; periosteum was taken up with the flap.

The lower portion of the depressed bone was covered by dura-mater. See Fig. I.

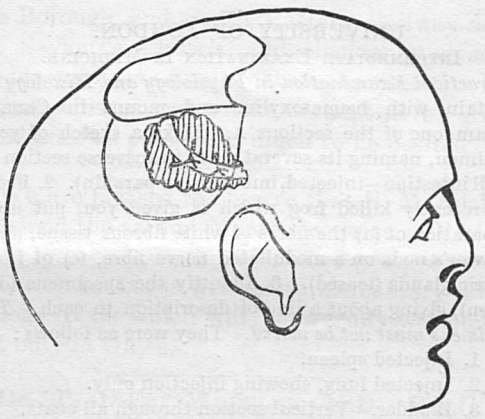
Fig. I.



I. Flap turned back.
II. Depressed bone.
III. Dura-mater above depressed bone.
IV. Parietal eminence.

The trephine was applied just behind the depressed bone, when more brain substance escaped. The overlapping bone was cut away with Hofmann's forceps, and the depressed bone was elevated after the dura-mater had been snipped through with scissors. The elevated piece of bone was now entirely removed, Mr. Jacobson thinking, from its extremely white appearance, that it would not recover. The upper margin of the torn dura-mater was discovered after this bone was removed, and was stitched to the lower margin of dura-mater by two distance catgut sutures. See Fig. II.

Fig. II.



Shaded part represents dura-mater sewn together.

Two Spencer Wells forceps had to be applied to bleeding points in the pia-mater, the hæmorrhage being thereby arrested without the necessity of applying ligatures.

Pieces of the removed bone, which had been preserved in hot water, were placed on the dura-mater. (These grafts all took, but did not fill up the hole in the skull).

The skin flap was perforated to allow a drainage tube to be passed through it, and the flap was lightly held down in place by means of three fishing gut sutures.

The wound was dressed with iodoform, blue gauze strips, and a Davies-Colley's bandage of blue gauze.

The next morning the temperature was 100·4, after which it was 99 for a few days, and subsequently always below the normal.

The discharge from the anterior and posterior margins of the flaps and through the drainage tube was very free for a few days, necessitating daily dressing. The discharge was at first bloody serum and brain matter, subsequently serous discharge, never purulent.

On July 22nd there was a hernia cerebri both at the anterior and posterior margin of the flap, and on this date some movement of the leg was first noticed. The left fingers and elbow were flexed and somewhat rigid.

28th. The drainage tube was removed, and another hernia cerebri formed at the puncture for it through the flap. A lead plate was moulded to the side of the head, so as to compress all the herniæ. This was cleansed with boiling water, covered with blue gauze, and closely applied to the side of the head by blue strips and bandage.

The child gradually recovered the use of the arm and leg, and was able to leave the Hospital September 9th, the lead plate having been discarded for a shield made of gutta percha.

The child was seen again September 19th, when the wound was soundly healed, the child could walk quite well without support, and used either arm equally well.

Jan., 1892. The child is in good health and free from all paralysis.

EXAMINATION PAPERS.

UNIVERSITY OF LONDON.

INTERMEDIATE EXAMINATION IN MEDICINE.

Practical Examination in Physiology and Histology.—1. Stain with hæmatoxylin, and mount in Canada balsam, one of the sections A. Make a sketch of your specimen, naming its several parts (transverse section of small intestine—injected, imbedded in paraffin). 2. From the recently killed frog which is given you, put up a preparation of (*a*) the fibres of white fibrous tissue, (*b*) a Ranvier's node on a medullated nerve fibre, (*c*) of fresh gastric glands (teased). 3. Identify the specimens (one to ten), giving about a line of description to each. *The specimens must not be moved.* They were as follows:

1. Injected spleen.
2. Injected lung, shewing injection only.
3. Bladder. Vertical section through all coats.
4. Transverse section of thick walled artery.
5. Œsophagus with glands.
6. Nervi erigentes.
7. Isolated capillaries. Endothelium marked out with silver.
8. Salivary gland, after much stimulation.
9. Tongue.
10. Gastric glands. Longitudinal section.

PASS LIST.

LONDON UNIVERSITY.

PRELIMINARY SCIENTIFIC (M.B.) PASS.

FIRST DIVISION.

Collins, V. E.

SECOND DIVISION.

Wernet, A. J.

CHEMISTRY AND EXPERIMENTAL PHYSICS.

Fitz-Hugh, R. T. Waymark, W. E.

INTERMEDIATE IN MEDICINE.

SECOND DIVISION.

Carpmael, C. E. Hovenden, G. S.
Hovenden, A. C. Miller, A.
Parry, L. A.

EXCLUDING PHYSIOLOGY.

FIRST DIVISION.

Colley, C. R.

SECOND DIVISION.

Channing-Pearce, D. A. Hardenberg, E. F. H.
Instone, N.

PHYSIOLOGY ONLY.

Korté, W. E. de

FINAL CONJOINT EXAMINATION.

SURGERY.

Bensley, E. E. *Haslam, W. A.
*Biddle, H. G. *Higgs, W. A.
*Bolus, H. B. Kendall, B. C.
*Braithwaite, C. B. *Lacey, A. R.
*Browne, J. J. *Lord, P.
Bryant, H. A. *Lumley, F. D.
Bulman, F. Mills, T. J.
*Frazer, R. C. Roberts, S. J.
*Worthington, H. E.

MEDICINE.

Fleury, C. M. Sichel, G. T. S.
Jackson, T. S. Steele, W. K.
*Norris, A. E. Wheatcroft, E. W.
Watson, R. L.

MIDWIFERY.

Cartwright, E. H. Morice, C. G.
Frazer, E. E. *Ralph, C. H. D.
Gillbard, R. Stearn, F. C.
*Wilkinson, H. B.

* Indicates completion of M.R.C.S., L.R.C.P.

The list is not yet complete, but this is as it stands at present.

RECENT PUBLICATIONS.

Treves' Manual of Operative Surgery. 2 vols. 8vo., Cassell, 42/-

Vierordt's Text book of Medical Diagnosis. Translated by F. H. Stuart, 8vo., Pentland, 18/-

Passim.

At the meeting of the Physical Society to-night, Mr. Salter will read a paper on "Influenza." This is a subject on which everyone will be able to speak from experience; so that we can congratulate Mr. Salter by anticipation, on having loosened the tongue of the unready speakers, a class of members that has attended some meetings of the Society in great force.

The Office of the Gazette, which, by the way, now has a local habitation as well as a name, has had poured into it grievances of every kind, frivolous and pathetic, tragic and serio-comic from its earliest days. But from many sides lately complaints have reached our ears to which they can be only reluctantly deaf. The arrangements for delivering telegrams have in these past weeks, when there has been so much serious illness abroad, caused more than mere inconvenience, in more than one instance. But we believe we can assure our readers that the Club Committee will remove this ground for complaint before long.

We are pleased to see that a suggestion made some time ago in these pages, has found favour in the eyes of the same Committee; and that the Reading Room is no longer to be made use of as a pantechnicon for the storing of anyone's and everyone's property.

Mr. Meadows Turner, who was unable to bring forward his motion at the last meeting of the Physical Society, owing to his being laid up with diphtheria in Clinical, has, we were glad to hear at Dr. Goodhart's Clinical Lecture last Saturday, made good progress towards recovery, in spite of a sharp attack.

We hear good reports of the progress of Mr. Howse's House-Surgeon, who has been laid up for some time with scarlatina at the North London Fever Hospital.

We are very sorry that our Rugby Team has not fulfilled all that we hoped of them. But of one thing all Guy's men, who saw the match on the 6th, will feel certain that it is not the Captain's fault that he was not rewarded with the success that he deserved.

We have started on a new enterprise this week, in a column of Notes from the Wards. The list of Interesting Cases in the Hospital that used to appear in the Gazette, was missed with regret by many. We hope to be able, with the help of Ward Clerks and Dressers, to supply its place with notes on points of clinical importance, illustrated by reference to the cases in the Wards. We shall be entirely dependent on the assistance of Students for the success and utility of this endeavour, and do not intend to impress conformity to any one type on the communications to be inserted. Conformity in the matter of time, however, will be essential; Monday afternoon will be the latest time for sending in contributions.

The Bill applying for powers to extend the Brighton Railway into the City will not be brought into Parliament this Session. It was proposed to construct a curve from the existing line at Bermondsey Street, over Newcomen Street, close to that entrance to Guy's, across the Borough, and South Eastern Railway near St. Saviour's Church, and thence by a new bridge into the City. That the railway fog signal, whistle, and smoke be kept at as great a distance as possible is much to be desired.

We are pleased to observe that E. M. Pilcher obtained the second Montefiore prize at Netley.

Dr. Starling is writing an elementary Physiology Book which will be warmly welcomed, not only in Guy's.

Dr. P. D'Erf Wheeler, M.D., F.R.C.S., Medical Officer in Jerusalem, will deliver a lecture on "Medical Work at Jerusalem among the Jews," on Thursday, Feb. 25, at 4.30 p.m., in the Board Room. During the six years he has been out there he has had a very varied experience, and the lecture is expected to be very interesting.

RHYMES OF THE COLONNADE.—No. II.

By F. G. HOPKINS.

THE RIME OF THE ANCIENT CHRONIC.

Illustrated by G. A. SICHEL.

An Ancient Chronic meeteth three Freshmen proceeding to a Lecture, and detaineth one upon the steps of the Colonnade,

It is an ancient Chronic sere,
And he stoppeth one of three:
"By thy dog-eared 'Gray' and half-learned bones
Now wherefore stopp'st thou me?

"The Janitor has closed the door:
May'st hear the mingled din
Of Lecturer and Audience!—
I fain had entered in."

Who protesteth that, lacking monies, he is unable to "stand,"

He holds him with hypnotic stare:
"There is a *Ship*," quoth he;
"I know it," murmured the First Year's Man,
"But my pockets empty be."

But who nevertheless, standeth still.

He holds him with his "other, eye"—
The First Year's Man stood still,
And sadly stays him on the steps:
The Chronic hath his will.

The Ancient Chronic, who scorneth the reference to monies, beginneth his tale, and sheweth his indebtedness to certain aids to memory yclept Tips.

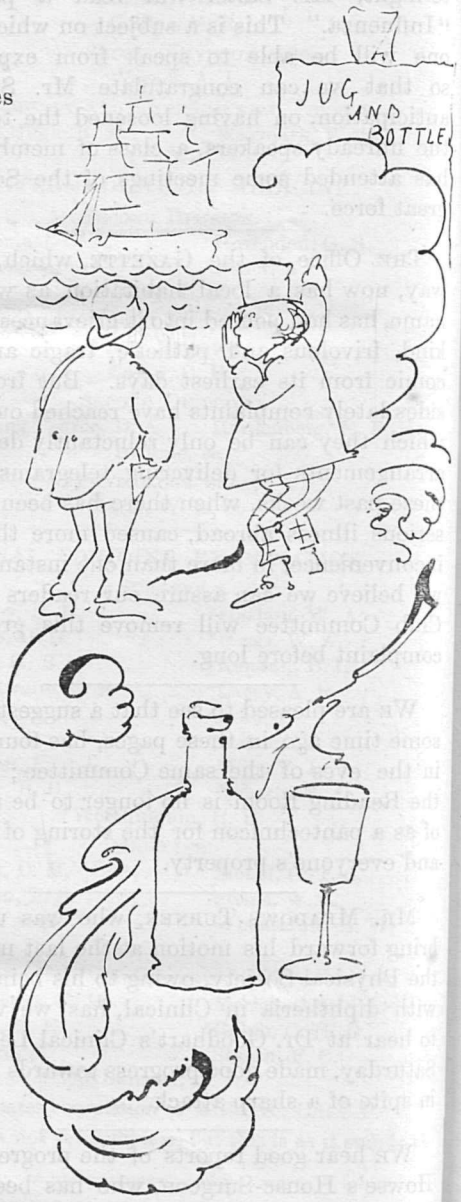
"I crave not ale, I tell a tale
Of that old Hostelry:
I studied there my *Savoir-Faire*,
And, eke, Anatomie.

"Its very walls were full of *Tips*,
By scores of Guy's men scribbled,
That formed, for such as grasped their point,
Alike on Muscle, Bone, or Joint,
A text-book, clear, if ribald.

"I sat upon an ancient stool,
And felt them in the air—
Those germs of thought Bob Sawyer left,
Of Attic salt still unbereft—
And I absorbed them there.

"I hoped those Germs might 'colonise
Upon my convolutions;
And held that Tips, absorbed with sips
From pewter cool between the lips,
Were worthy institutions.

Especially to one Timothy Holmes, well known among such as are given to Anatomy,



TIMOTHY DOETH
SHIP AND SHOVEL
THE ANKLE JOINT
TIM
G Sichel

And of whom it is said that he did "vex all very nervous pupils."

"Vexatious Timothy I prized,
Nor had I any scruples
In leaning on those helpful souls
His 'very nervous pupils.'

"Alas, the progress of the moons
Outstripped my Ship-born learning;
At bare mention of a certain Hall at Blackfriars
And, when at last I sought the Hall
By 'Salasap' to stand or fall,
'Twas not with any yearning!"

The Freshman fleeth,
The First Year's Man, here turned and ran
Adown the Colonnade;
But, by that same hypnotic eye,
His further course was stayed.

But is constrained to hear further how fared the Chronic with the Examiner,
"Be still, be still, impatient youth,
I'm *coming to the point*:
I stood before the Examiner—
I got the Ankle-joint.

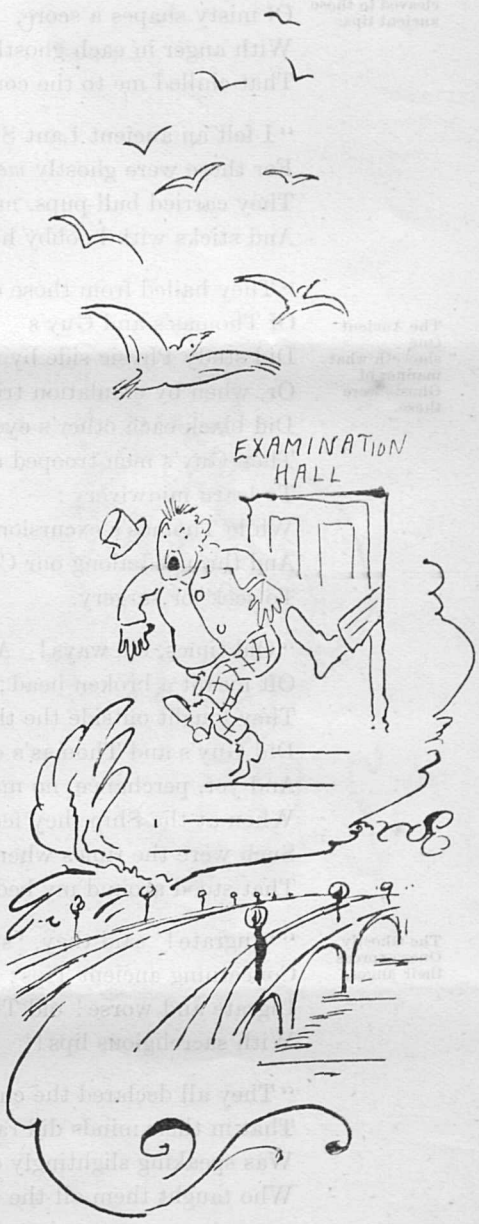
And learns how Tips may be as broken reeds to lean upon.
"Then, like a flock of driven birds
My tips they fled from me!
I feared to grow uncertain next
If Tim was by his pupils vexed,
Or they by Timothy!

"I babbled to th' Examiner
And mixed things up galore;
He heard me fifteen minutes long,
Then showed me to the door.

"He said he was a connoisseur
Of ancient Tips; nor could endure
Impurity of Text.
He bade me, an I would not trip,
To make quite sure about the Tip,
Should e'en its application slip
When up before him next.

* * * * * *

The Chronic leaveth the Examination Hall, and venteth his spleen upon the Tips that failed him in his need.
"Blackfriars' breezes cooled my brow,
Once more my breath came free;
Then tongue and palate did uncleave,
And strength was given me
To speak a comprehensive curse
Concerning Timothy—
A mighty curse did I rehearse
On all the Tips that be!



Whereupon he is visited by the angry ghosts of students who aforetime had cleaved to these ancient tips.

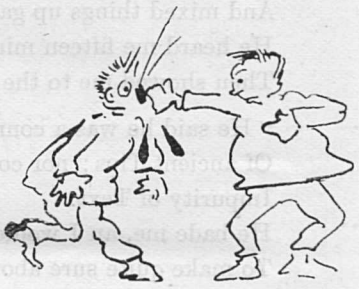
"I lay me at the Ship that night,
But sleep was troubled sore:
I waked, to find around my bed
Of misty shapes a score,
With anger in each ghostly face
That chilled me to the core.

"I felt an ancient Lant Street air,
For these were ghostly *meds.*;
They carried bull-pups, mighty pipes,
And sticks with knobby heads.

"They hailed from those old days, when sons
Of Thomas's and Guy's
Did study Physic side by side;
Or, when by emulation tried,
Did black each other's eyes.
Then Guy's men trooped across the street
To learn midwivery;
While Thomas's excursions made,
And thronged along our Colonnade
To seek for surgery.

The Ancient One showeth what *manner of* Ghosts were these.

"Old times, old ways! A lecture then
Oft meant a broken head;
They fought outside the theatre door,
Did Guy's and Thomas's of yore,
And yet, perchance, no malice bore
When at the Ship they fed—
Such were the times whence came the ghosts
That stood around my bed.



"'Ingrate!' said they, 'such things to say
Concerning ancient Tips;
Ingrate and worse! old Tim to curse
With sacreligious lips!'

The Ghostly Ones express their anger,

"They all declared the chiefest sin
That in their minds did rankle,
Was speaking slightingly of him
Who taught them all the ankle.

"'For *that*,' said they, 'this man must pay:
What merits such a traitor?'
'*Sanguis ad Uncias*,' said one,
'*Centenas detrahatur!*'

And decide upon the letting of blood ad ℥c.

"Whereat their astral lancets flashed,
With intent all too plain;
I felt their ghostly minds were fixed
On my basilic vein!"

* * * * * *

The Freshman hath a sudden fear that the Chronic may *himself be but* a disembodied spirit,

"I fear thee, ancient Chronic sere,
Thyself, methinks, a shade!
For thou are bloodless, cheerless, cold,
As is this Colonnade."

But is re-assured of the latter, who is not only flesh and blood,

"Fear not, thou First Year's Man, fear not!
I still am flesh and blood;
Still seek the purlieus of the Ship
Whene'er my credit's good;
Still haunt the outskirts of the "dems"
In the dissecting-room—
As one who looketh at the light,
Though 'mersed in outer gloom.

But of full-bodied hope for the future, since, to him who reached not to L.S.A., an M.D. may yet be brought down.

"Nay! there comes light for such as I
Who yet shall claim M.D.
Bright is the academic sky
With the *Reformed Degree*,
So 'Chronic' and 'Consultant' yet
Compatibles may be!

* * * * * *

"Fear not, thou First Year's Man, nor doubt
Of my humanity—

The Chronic finally showeth how ghosts and obstetricians are incompatible, and *closeth* his narration.

These ancient ghosts did ne'er proceed
To their phlebotomy,
For ere their purpose was complete,
Some joyous Externs in the street
Did wake the echoes—with their feet
And also vocally—
Whereat the ancient Lant Street air
That hung about my bed,
Soon lost its savour, and was gone
And every ghost-form fled.

"Still, when anon I feel an ache
To tell my tale anew,
I fix a Freshman on these steps,
As now I fixéd you;
And whereso'er his feet are bent
He needs must hear me through."

Correspondence.

To the Editor of GUY'S HOSPITAL GAZETTE.

DEAR SIR,—Have you had influenza? If you have, or even if you have not, and want a hearty smile to pick you up, do please read Labby's views on Influenza and Bacilli on pp. 258 and 259 of the February 11th number of *Truth*. You will learn, among other things, that "the presence of urea" is one of the chief diagnostic signs; that a bacillus is "like a sugar-cane" (in size, or shape, or taste, or what?); and that "the sole difference" in various bacilli is "that some have more joints than others." Is Labby's spleen such a powerful inhibitor of Labby's liver that, bird-like, he cannot manufacture urea except when aided by influenza bacilli? And then he palms off on Morell Mackenzie a chestnut that my grandfather tells me has been for the last sixty years at least the sole property of the perineal surgeons.—Believe me, yours &c.,

S.

Sport.

RUGBY FOOTBALL.

GUY'S v. THOMAS'S.

SECOND ROUND.

Rain had fallen for twenty-four hours before the match, but fortunately for players and spectators the weather lifted, and the sun made its appearance, although a stiff breeze blew from the Pagoda end of the ground. Unfortunately, Guy's lost the toss, and Shorland kicked off against a strong breeze, the ball being smartly returned into touch by Bromet. A series of scrummages took place in the Guy's twenty-five, and about ten minutes from the start Goodhue took the ball from a line out, and got over the line, but in so doing lost it to Biggs, who took it from him in his own tricky style. The Thomas's men were returning to the twenty-five when Carpmael, the referee, blew his whistle and gave the try to Thomas's, much to the disgust of the strong Guy's contingent. The try was not converted into the major point, the angle being a difficult one.

A series of free kicks was then awarded to Thomas's for off side play, but nothing resulted from them. The rest of the first half was remarkable for its absence of open play, notwithstanding several attempts on the part of Hancock to get off, Bromet marking him too carefully to allow of his making any ground. Cooper's repeated saving, and the constant off side play of the opposite halves, were the remaining features of the first half.

When the ball was restarted Thomas's were leading by two points, which at the close of the game was the bare margin by which Guy's lost. Scrummaging was the order of the day for at least thirty minutes out of the forty-five. Bromet got the ball from a scrummage and put in a magnificently long punt, and following up prevented the return. A scrum was then formed, out of which Covernton came in grand style, and dribbled some distance, but was well stopped by the united efforts of Thorman and Hood. Another series of scrums then took place, Cooper at times saving grandly, and after some loose play Bell got hold, and sprinted from the Guy's twenty-five to Thomas's, and was all but in when he was brought to earth by Bromet and Graham.

During the last ten minutes Guy's seemed to wake up and their training began to tell. They positively rushed the scrums, and were only a yard from the line when the whistle blew for time, and Thomas's were declared the winners by one try.

Throughout the game the pluck and perseverance of the Guy's forwards undoubtedly saved them from a worse defeat; their tackling, especially that of Slater, Layman, and "Dubby" Hancock, being simply superb; while the packing, thanks to Shorland, Rowland and Covernton, was better than has yet been seen this season. Their energy seemed to some of the onlookers to be somewhat misplaced. It was thought that if they had screwed, being a light team, instead of trying to push such heavy forwards as St. Thomas's, that they might have helped their halves in more ways than one. Their following up was really very poor when compared with that of their opponents. The halves were as good as ever, Cooper's magnificent saving and tackling, and Jones's "fetching over" of Bromet made several throats hoarse. The combination of the three-quarters was not quite what might have been expected, although Hancock and Bell were by no means bad. Ensor at back played if anything above his form, several of his punts being extremely good.

GUY'S 1ST XV. v. THE CLAPHAM ROVERS.

This match was played on Saturday, February, 13th, at Wandsworth and resulted in a win to the Hospital by two tries to one. The "Rovers" were exceptionally well represented, while we played our full team, with the exception of Hancock and Biggs, both of whom were given a rest. The game was rather of a scrambling character and good pieces of play on our part were neutralized by equally bad mistakes. The Rovers more than held their own during the first half of the game, and were prevented from scoring on more than one occasion by the excellent defence of our full back, Cloud, whose kicking was as safe and judicious as his collaring was effective. It may be mentioned that Cloud has stood out from the XV. during the three previous matches, owing to an injury to his arm; on this occasion he played back, and we hope in our next match that he will be able to take his proper place among the forwards. Our three-quarters always made headway when they obtained possession of the ball, and shewed themselves far superior to the "quartette" opposite to them. On changing ends, the Rovers, thanks to some loose and slovenly play on

our part, obtained a "soft" try, which, however, they failed to improve upon. For the rest of the time Guy's had all the best of the game. Jones, who up to this time had appeared more intent upon screwing his opponents neck off, than of getting the ball, now passed out to Cooper who quickly transferred to Ensor, that player taking the ball neatly at top speed dashed across the line and gained our first try. No goal resulted. The forwards, evidently thinking they had done their share of the work, now went to sleep at intervals, and comfortably allowed the opposing pack to get the ball; occasionally, however, they awoke, like giants refreshed, and permitted our three-quarters to do some running, and on one of these occasions Bell getting possession and putting on full steam outdistanced all his opponents and scored our second try, which again was not converted.

For the remainder of the game we were more or less in their half, but failed to add to our score, and a somewhat easy game resulted in a victory for the Hospital by a narrow margin. Ensor was a great success at three-quarter and has never been seen to greater advantage in that position; he took his passes well and ran strongly, he always caught the ball neatly and his kicks invariably found touch. There is one thing, however, that he should avoid doing, and that is returning to his place with his back turned towards his opponent's goal. Bell was playing centre, and though as good as ever individually, sometimes puzzled his wings. We hope, however, that our old centre will be fit again by our next match, and allow "Ding dong" to return to his proper place in the wing. Of the forwards Layman, "Dubbs" Hancock and Slater were perhaps the most energetic of a rather lazy pack. Our forwards are good when they try. They are good in the loose and quick in collaring, but in the scrums they are too fond of taking "breathers" instead of obtaining possession of the ball. There is still time, however, in our remaining three matches for them to show again, as they have on more than one occasion this season, what their true form is.

SECOND XV. v. WICKHAM PARK (II.)

This match was played at Lee, on January 30th, and won by Guy's by one goal (5 points) to nil. Though two men short, the Wickham forwards played and held their own in the scrimmage, but in the open were no match for our men, Bligh, Robertson, and Steward being specially prominent with useful dribbling. Without our regular halves the passing among our back division was not up to the usual standard, and we were repeatedly called back for "forward," Spon being the chief offender in this respect. Up to half time nothing had been scored, and it seemed as if the result would be a draw, when from a pass out of touch by Tresidder to Lichtenberg, who smartly transferred to Spon, the latter easily ran behind, and Cleveland placed an easy goal. We left the field victorious by 5 points to nil.

GUY'S. Hy. Duffett (back), G. Webb, E. Lichtenberg, and Spon (three-quarter backs), Van Someren and A. Evernet (halves), C. S. Pantin, E. Harris. J. Robertson, F. J. Steward, A. Cleveland, M. E. Tresidder, H. A. Moffatt, W. Bligh, D. R. Griffiths.

SECOND XV. v. ST. BARTHOLEMEW'S.

The return fixture with our old rivals was decided at Raynes Park, on February 6th. An enjoyable and well-contested game resulted in another victory for the apparently "invincible" Second by two goals and three tries (16 points) to one goal (5 points). Our tries were obtained by Dudgeon (2), Van Someren (2) and Pern. Of our men, Van Someren, Robertson, and Steward were most conspicuous forward, and Lichtenberg, James and Dudgeon behind, the latter's runs being specially good. Dudgeon and Thomas placed the goals.

GUY'S. H. Duffett (back), H. Dudgeon, E. Lichtenberg, and H. I. Spon (three-quarters), W. Peake and James (halves), Van Someren, F. Steward, H. Moffatt, Thomas, G. Sichel, Delbruck, Griffiths, H. Pern, and J. Robertson.

SECOND XV. v. CATFORD BRIDGE.

This match was played at Catford, last Saturday, and after a fast game ended in favour of the Guy's representatives by three tries (5 points) to nil. The game needs little comment, and from start to finish amounted to nothing more nor less than a "talking" match. The tries for Guy's were obtained by Spon (2) and Robertson, the latter obtaining his for a palpable foul as he was dribbling the ball over the line. Van Someren, after a good run, also got behind, but running out of bounds was disallowed the try. The Catford men kept up the pressure throughout the match, but were unable to score, though within an ace of doing so on several occasions. Brereton played well for them, his tackling being especially strong and hugely delighting the crowd. Timmins and Rowlands played well for Guy's.

GUY'S. Duffett (back), Spon, Lichtenberg, and Van Someren (three-quarters), Peake, and James (halves), Steward, Robertson, "Timmins," Sichel, E. R. Thomas, Rowlands, Beach, Moffatt, and Woods.

ASSOCIATION FOOTBALL.

GUY'S v. MIDDLESEX.

SECOND ROUND OF INTER-HOSPITAL ASSOCIATION CUP.

This match, the first which Guy's have played this year in this competition owing to their having drawn a bye in the first round, was played on Wednesday, Feb. 10th, at Raynes Park. The ground was decidedly heavy, as is usual at Raynes Park, whenever there is any rain worth mentioning. Guy's did not escape the bad luck which always seems to attend them in their cup ties, as after the team had been selected, no less than three members of it (Daniell, Cotterill and Poole), at the last minute were incapacitated from playing by illness. An efficient substitute for Cotterill was found in B. Pendred, but it was harder to find substitutes for

Daniell and Poole, as Hayes and Smith who would have filled their places in the natural course of events were also ill. The kick off was advertised for 2.30, but owing to Middlesex being photographed, it was nearer three when Hibberd started the ball for Guy's. From the start Guy's took the ball down into Middlesex quarters, a corner falling to them which was unsuccessful. Middlesex then retaliated also gaining a corner which likewise was unsuccessful. Fisher got away, and taking the ball down the side centred just in front of goal, Pendred rushing up and putting the ball through. To the general surprise of both sides the goal was disallowed for off-side. Both sides now played up hard, the ball visiting each goal in turn, first Fisher and Stamford getting in shots and then Lowe being forced to use his hands. Middlesex were playing their hardest, keeping Guy's backs busy and sending several shots behind. Pretty passing by Pendred, Fitzhugh and Stamford transferred the ball to the opponents's half, but on Hibberd shooting he was pulled up for off side. Fitzhugh was next conspicuous, sending in a shot which only just went outside the post. Middlesex then had a turn, but Fisher again got the ball away, and centring grandly from extreme corner Pendred made a good attempt to head through, the ball only just going over the cross bar. Guy's continued to press, Hibberd putting in several shots, while two corners also fell to them. Just before half-time, however, the Middlesex forwards got away and the right wing taking the ball down, put in a shot which Lowe would easily have saved if one of the Middlesex forwards who was well in front of the ball had not obstructed him. Off side was of course appealed for, but the referee whose notions on the subject of off side appeared to grow hazier as the game progressed, ruled that this was a goal, Middlesex thus obtaining the lead by one goal to love. Soon after this half-time was sounded. On re-starting, Guy's immediately began to press, the Middlesex goal keeper being forced to save several times. At length, from a good centre by Fitzhugh from the right hand corner, Pendred equalised, heading the ball through. The exertions of Middlesex in the first half now began to tell on them, and the superiority of Guy's was now marked. Stamford made a good run down the side, and centring to Hibberd, the latter with a characteristic shot completely defeated the goal keeper, placing Guy's ahead. The shot was very fast and high up in the left hand corner of the goal. Guy's kept up the pressure, Stamford being especially useful, Middlesex only now and again making a rush which was always easily stopped by the backs. The Middlesex goal-keeper now had a very warm time, Hibberd finally putting in a shot which was fisted out, when Fitzhugh rushing up put the ball through, scoring the third and last point for Guy's. From this to the end, Guy's had much the best of the game, experiencing very hard lines in not scoring on more than one occasion. This was especially the case when Hibberd sent in a tremendous shot which hit the cross bar but went just over. When the whistle went for time Guy's were left victorious by three goals to one.

At no time during the game, even when Middlesex secured the lead at the beginning, was there any real cause for anxiety as to the result, Guy's having the game well in hand all through. Considering the changes in the team and the fact that as then constituted, it had not played together before, Guy's may be said to have made as good a show as on any previous occasion this year. The removal of Pendred from centre to inside left was a great success, as instead of dribbling the ball till he lost it he played a sound passing game. Hibberd shot very brilliantly, and no doubt to this the success of Guy's was greatly due, but he often spoilt the combination of the other forwards by being out of his place, being on the wing when he ought to have been in front of goal. The backs played a consistently steady game and were quite equal to all calls upon them. Mitchell at half was very good considering the bad condition he was in. Lowe had few shots to save, but he saved these efficiently and his kicking from goal was especially good. Middlesex played a good game and were by no means to be despised, but they put too much of their energies into the first part of the game to be able to keep up the same pressure all through. Guy's team was as follows:—

GUY'S. P. R. Lowe (goal), W. S. Frith, H. D. Packer (backs), C. R. Rock, H. Hewetson, W. G. Mitchell (halves), W. H. Fisher, R. Fitzhugh, C. Hibberd, B. Pendred, R. B. Stamford (forwards).

Advertisements.

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The Editors wish it to be understood no communications can be inserted which are not guaranteed by the name of the sender. All articles must be written on one side of the paper only.

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All Communications, Articles, Letters, Notices, and Books for Review, should be forwarded, accompanied with the name of the sender, to the Editor, Guy's Hospital Gazette, *Guy's Hospital, S.E.*

The annual subscription to the Gazette *is 6/6, post free 7/6. All financial communications, as well as subscriptions, should be sent to the Financial Editor,* Mr. C. H. Wells, Medical Office, Guy's Hospital.

Any of our Subscribers, who may be desirous of having their numbers of the Gazette *for 1891 bound, should leave them with the Librarian as soon as possible.*

The charge for binding in blue, with the Arms of the Hospital in gold, will be One Shilling *and* Sixpence.

Guy's Hospital Gazette,

MARCH 5, 1892.

TUBERCULAR MENINGITIS.
CLINICAL LECTURE BY DR. GOODHART.

W. L., 5 years old, was admitted, on January 17th, for irritability, pain in the head, and loss of appetite, and died on the 23rd of the same month of tubercular meningitis.

The boy had had whooping cough and measles, and Dr. Goodhart pointed out the strong tendency of these diseases to lead on to enlarged glands, and so predispose to tubercle. These diseases cause a chronic catarrhal state of pulmonary mucous membrane; this may lead to enlargement of bronchial glands, which may eventually caseate. The so-called strumous glands can, if a careful investigation be made, be nearly always shown to be, or to have been connected with some source of local irritation *e.g.*, a carious tooth.

The resistance of the gland to invasion by the tubercle baccillus is diminished.

The influence of whooping cough and measles is probably to be explained in the same manner.

In the case in point there was also a strong hereditary tendency to tubercle, for of the rest of the family, two in number, one child suffers from lupus, the other has had a cervical, probably glandular, abscess.

Ten days before admission the boy had fallen upon the back of his head. This is a point to be noted, for after a head injury a child may often have trouble closely simulating meningitis.

A child was admitted into Mary, some time ago, which had fallen upon its head, and had developed pyrexia, opisthotonos, retraction of abdomen, &c. All these symptoms, however, cleared up in a short time. In connection with the remote effects which sometimes follow head injuries the following case was related.

A boy had his head badly bumped in a railway accident. He, however, walked home, and only after 24 hours began to be sick and ill.

A week afterwards he was seen by Dr. Goodhart, and there was then an apical pneumonia developing. The pneumonia cleared up, but there still continued severe pyrexia, and the patient did not improve. A month after some heart trouble was detected, which eventually turned out to be ulcerative endocarditis.

The whole of these troubles Dr. Goodhart thought might, without any great extravagance of imagination, be considered to stand in direct relationship with the original injury to the head; some, at present unknown, but certainly existing, nervous control being thus thrown out of gear, and in consequence the supervention of a faulty action of the viscera with derangement of the normal metabolic processes.

Going back to report.—On the 20th of December, W. L. suddenly turned drowsy, and his mental processes became sluggish; this state continued until December 22nd.

He had no fits during this period, but occasionally screamed at night. All passed off, and he appeared to make a perfect recovery.

However, he had a similar attack on the 7th of January, accompanied by much more pain, and was brought up to the Hospital on the 17th.

On admission.—He recognises his friends, but becomes delirious at night. Has great dislike to food.

Has a *tubercular appearance*, long drooping eyelashes, &c. *Head* not retracted, but peculiar in shape. *Abdomen* is somewhat retracted.

The pulse is slow and bounding—56 per minute. This is perhaps the least common of the two forms of cerebral pulse to find in children with cerebral disease; most frequently the pulse is chiefly notable for variability in force and frequency.

There is well marked optic neuritis and internal strabismus.

In the majority of cases there is not much to be seen in the eyes. Optic neuritis is not common, and well defined tubercles in choroid are rare. If present optic neuritis is a very valuable symptom, especially in the early stages of disease, when the signs are very indefinite.

There is no discharge from ears or nose, and no suppurating centre can be discovered.

A discharge from the ear is often a warning symptom, which if treated in time may save a patient from meningitis.

On the 18th it is recorded that *mucus collects on the conjunctiva*. This always renders prognosis grave, and indicates great exhaustion. It is a very important sign of danger in infantile diarrhœa.

On the 19th *the pulse is 70 per min., varying in force and size.*

The temperature now began to run up, and the chart shews great variations during the day.

Before death 106° F. was reached.

He regained a little consciousness towards the end, and spoke to his mother. This is not uncommon, and often inspires friends with a vain hope of approaching recovery. It is probably due to the failing circulation relieving the cerebrum from the excessive intracranial pressure.

Important symptoms of tubercular meningitis:

1. *Irregular pulse.*

2. *Profuse vomiting*, independent of food, and for no definite cause.

3. *Retracted flabby abdomen.*—A full abdomen is rare in cerebral trouble.

4. *Tâche cerebrale.*— No use.

5. *Constipation* is important.

6 *Headache* very valuable; is well marked in tubercular form.

7. *Photophobia and cry* are characteristic.

8. *Convulsions* rare at onset.

9. *Squint* often an early symptom.

10. *Retracted neck* of greater importance in the simple form.

11. *General tenderness and muscular tremors* are significant.

Tubercular form runs on for some weeks, with headache, malaise, and slight pyrexia. Headache and spinal symptoms are marked.

Epidemic form of meningitis is connected with bad hygienic arrangements.

In *simple form* there is more fever, more rigidity of limbs, greater retraction of head. The symptoms are often intermittent, and this form may be either more acute or more chronic than tubercular. Babies under two years are very liable to this disease. Ear disease is a fertile cause, and syphilis may also cause it. Influenza also may possibly give rise to a blood condition of things, which may predispose to, or even cause simple meningitis. It is common after measles, and a smell has been known to act as cause. With regard to prognosis, any great rise in temperature or in the frequency of pulse is a bad sign.

Convulsions are common towards end, and patients often become comatose before death.

PASS LIST.

LONDON UNIVERSITY MATRICULATION.

First Division.

Glover, J. A. Lavers, N.

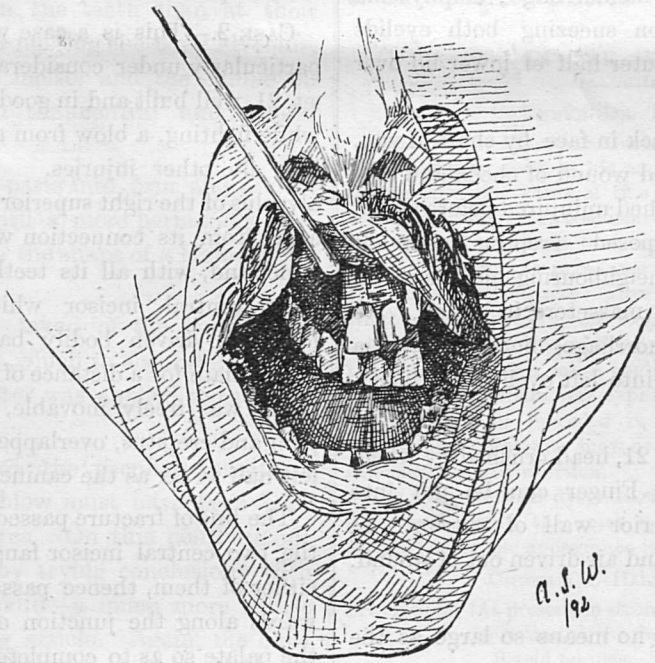
Second Division.

J. Beer.

A CASE OF FRACTURE OF THE UPPER JAW.

Fracture of the upper jaw is an accident of comparative rarity, while the particular case which, by the kind permission of Mr. Howse, I am enabled to record here, presents several such peculiar features as to render it in its way almost unique.

Taking into consideration the anatomical relations of the superior maxilla, firmly wedged in amongst the bones of the face, protected on almost all sides from direct injury, and practically exempt from damage by indirect violence, it is not difficult to account for the comparative immunity of this bone from fracture. Direct violence applied from above is in great measure fended off by the superciliary ridge; below, the powerful lower jaw acts as a shield and is not uncommonly broken; from within, violence can hardly be expected to act in the ordinary accidents of civil life; on the outer side the malar bone acts as a buttress, while the downward shelving shape of the parts below that bone tends to make a direct blow glide off and expend its force on the teeth or on the lower jaw.



Considering the shape and the relative thickness of the various parts and processes of the bone, one would *à priori* expect to find, in adults, fracture of the anterior wall of the antrum more commonly than of any of the processes; and an analysis of the limited number of cases admitted into the Hospital during the last few years would rather tend to confirm this supposition. Even in children we do not find separation of the epiphyses as in other bones, as the various processes join on at an extremely early period. An exception perhaps may be made in favour of the premaxillary bones.

During the four years 1887-1890 inclusive, only *five* cases of fracture of the upper jaw were admitted into the wards of this Hospital, as against half a dozen times as many cases of fracture of the lower jaw; and of course these numbers do not by any means represent the real proportion of the two classes of fracture to one another, for, while practically every case of fracture of the upper jaw is admitted, a very large number of cases of fractured lower jaw are treated in the surgery.

Cases of fracture may conveniently be divided into two classes:—

A. Those involving the antrum.

B. Those involving one or more of the processes, and not involving the antral cavity.

A. As we have already seen might be expected the larger class, 4 out of 6 cases. The distinctive diagnostic feature is that, on blowing the nose or sneezing, air is forced from the nose through the antrum and out at the wound causing bloody froth, or emphysema. Hæmorrhage may also

occur into the corresponding orbit or side of the nose, according as the maxillary wall of one or other of these cavities is affected; such cases having to be distinguished from fracture of the ethmoid.

Case 1.—Lacerated wound of right side of face caused by snapping of chain. Right malar smashed and wall of antrum bashed in.

Case 2.—Young man, æt. 26, hit in left eye by fist. Slight concussion; ecchymosis of both eyelids; conjunctival hæmorrhage; emphysema around left orbit; on sneezing both eyelids blown out; pain at outer half of lower lid over superior maxilla.

Case 3.—Man struck in face by shaft of van. Concussion; lacerated wound of cheek and side of neck; pharynx pushed uninjured before shaft; spine and carotids exposed; crepitus about left malar, zygoma, and neighbouring maxilla, most noticeable on putting masseters in action. No subconjunctival hæmorrhage, but emphysema and effusion of blood into left eyelid, and bleeding from left nostril.

Case 4.—Man, æt. 21, head crushed by wheel against curb-stone. Finger can be put into ragged hole in anterior wall of antrum; on blowing nose, blood and air driven out of wound. Alveolus intact.

B. This class is by no means so large as the other, for

1. The processes are very strong and short:

2. Except for a portion of the masseter no powerful muscles are attached to the bone:

3. The epiphyses join on to the main body at a very early period, and, with the single exception of the premaxillary bone, leave no trace in adult life of their line of junction. The maxillo-premaxillary suture can usually be made out on the palatal surface of the bone till middle life, though on the anterior surface it is covered by an overlapping shell from the alveolar process. The importance of the partial persistence of this suture is perhaps worth remembering in considering Case 1.

Case 1.—Young man, æt. 29. A packet of hops fell from the third story of a warehouse and struck him on back of head, knocking his face against another packet. The left central incisor hanging loose and removed, right central incisor loose but replaced; portion of alveolus corresponding to the two intermaxillary bones chipped off, and freely movable to and fro with marked pain and crepitus. *No other fracture.*

Case 2.—This is a case which we have more particularly under consideration. Young man, æt. 21, well built and in good condition, received, while fighting, a blow from a fist over the upper lip; no other injuries. On admission, the alveolus of the right superior maxilla was broken away from its connection with the rest of the bone, and, with all its teeth intact, except the right central incisor which was somewhat loosened, driven bodily backwards along the hard palate for a distance of $\frac{3}{4}$in. The fragment, which was freely movable, with accompanying pain and crepitus, overlapped its corresponding left half as far as the canine tooth. *Vide* Fig.

The line of fracture passed accurately between the two central incisor fangs without exposing either of them, thence passed horizontally outwards along the junction of the alveolus with the palate so as to completely isolate the whole alveolus of that side.

The gum and mucous membrane on the palatal surface were torn through along the line of fracture as far back as the first bicuspid tooth, behind that point the fracture being "sub-mucous." The mucous membrane was also torn in the middle line, the rent extending backwards for some $\frac{3}{4}$in.

The hæmorrhage was moderately profuse but easily stopped by pressure. There was no emphysema, and no froth came from the wound.

The fracture was easily reduced, and an attempt was then made to maintain the parts in position by wiring adjacent teeth together. Thick silver wire could not be insinuated between the teeth far enough, and invariably fell off; thin wire could be got well up between the teeth, but readily broke when tightly tied. The gums were then painted with cocaine, which stopped the oozing, and, under its anæsthetic influence, a stout silver wire was passed through the gum, where there is much more space between the teeth than at their exposed portion, just missing the bony alveolus, between the lateral incisor and the canine on the right side, and the central and lateral incisors on the left.

This brought the parts into firm and almost perfect apposition until a more permanent support could be fitted in the shape of a Hammond's splint.

A cast was then taken of the jaw by the Dental Surgeons on which to accurately model the splint, which latter was applied to the bone a few days later.

Finally, a word on the peculiar aspects of this fracture. The blow must have been dealt with tremendous force. On this point anyone can satisfy himself by trying conclusions with his fist on a dried skull—a much more brittle affair than the living article. Again, the blow must have been dealt from the right as the fragment was driven over to the left side of the mouth.

As to the factors determining the line of fracture: (i.) Age of patient little effect, for as already seen alveolar process joins on very early in life, still alveolar process is deeper vertically in youth than in edentulous age. (ii.) Teeth very firmly embedded; loose teeth would have been knocked out and the jaw probably saved. (iii.) The anterior palatine canal may have determined the direction of the fracture in the middle line. (iv.) On examining a dried specimen it seems impossible to remove the alveolus and teeth without opening the antrum; yet although the bony floor of that cavity may possibly have been broken, the mucous membrane lining it must have escaped perforation, as none of the signs of fractured antrum were present. A somewhat deep alveolus may have conduced to that effect.

ARTHUR S. WOHLMANN.

Hospital News.

IN THE WARDS.

Under Dr. Taylor.

Stephen 17.—Double abductor paralysis of the larynx. Von Ziemssen gives in his encyclopædia reports in full of the only nine cases of this affection known to him. In six of these cases tracheotomy had to be performed: injections of strychnia were never found to give relief. The only cure was in a case of his own, which was treated with electricity: after 14 days' treatment the trouble went away; on stopping the treatment, it returned, but rapidly and finally went away on resuming the treatment. No cause could be discovered in three cases; in one there was syphilis; in the others some febrile affection preceded it, enterica, erysipelas or pneumonia. Patients may live for years, but may be suffocated on any exertion.

The symptoms are dyspnœa, inspiratory stridor, sometimes very loud; the voice is generally not affected. The laryngoscopic appearance is characteristic.

Under Dr. Hale White.

Stephen 24 (At present in strong room) ? Myxœdema.

In favour of the diagnosis are—

- Placid temper.
- Mental condition (viz., loss of memory, delusions at night).
- Spade-like hands.
- Slow speech.
- Moderately thick features, with injected capilliaries.

Against—

- Age: viz., 66, with only 6 months' history.
- Smooth and greasy skin.
- Increased quantity of urea.

In John 1 is a soldier suffering from acute ague. He caught it on the plains in Poonah, where about 30 of his comrades were also attacked, and more were attacked after they got to Quettah.

The attacks are usually quotidian; he has gone as long as two months without having an attack. He returned to England January 27th, and was without an

attack for two weeks; but since then has had them daily. He was admitted February 29th, during an ague fit; the cold stage began at 10.30, and lasted till about 1.30, when he was given quinine gr. xxx; shortly afterwards he became hot, and in a few minutes broke out into a profuse perspiration, which lasted till 6.30. Hœmatozoa were found in the blood; the spleen could not be felt.

The patient in the bed before was Thomas A., æt. 20, he had, after seven years' hard beer drinking, an enormous liver; there was three years' history of swelling of the abdomen. Patient has been a pot-boy, and insisted on going out.

John 8.—Augustus Hy. G., æt. 11, with acute rheumatism, complicated by acute dilation of the heart, and secondarily of the pulmonary artery. There is also double pleurisy.

John 2.—W. I. C., æt. 36. *Old soldier, with history of* syphilis, aphonia, laryngeal cough, enlarged cervical, axillary, and inguinal glands. Sudden onset. Congested and swollen epiglottis and arytænoids. Long uvula interferes with complete laryngoscopy.

Miriam 18.—Mary D., æt. 30, sought admission on February 24th, 1892, for pain in the back of the head and giddiness. Patient intellectually dull and apathetic in expression. She complains of headache diffused in the posterior region of the head of a gnawing character. Headache is occasionally frontal also, and is present almost constantly, though worse when sitting up. Other symptoms are internal lateral nystagmus and optic neuritis; diagnosis cerebellar tumour.

Miriam 23.—Eliz. P., aged 11, sister of a patient admitted into Stephen under Dr. Hale White, on January 18th, 1892, for typhoid, was admitted into Clinical February 20th, having suffered for ten days from typhoid. Typical case: on 25th spots appeared on the arms, after they had been on the abdomen and back for five days. Treatment: opii gr. fs 6tis horis. Omitted for one day when the tympanites was troublesome.

Miriam 24.—A. B., æt. 67, admitted March 1, with the following history: has passed no motion for a month without enemata. No absolute constipation. No blood seen. Hard nodules felt in the wall of the rectrum. Visible peristalsis. Pulse 150. *Lumbar colotomy. Artificial* respiration. Transfusion, inversion. Death.

Under Mr. Durham.

Cornelius 6.—Fractured base. Recovering.

Cornelius 9.—Run over. Fractured pelvis and ribs Admitted at 5 p.m., seen by Mr. Lane. There were no definite symptoms of abdominal injury, no pain or tenderness over abdomen, which was quite flaccid. Pulse fairly strong. At 8 p.m. excessive tenderness over hypogastric region, incessant desire to micturate. Abdomen rigid. Catheter passed, and about two ounces of blood-stained urine drawn off. Mr. Lane again saw patient, and proposed an exploratory abdominal section. On opening peritoneal cavity, the bladder was found to be transversely ruptured into peritoneal cavity on post. surface, an inch below fundus. Between the rent and the suspensory ligament the wall was very much bruised and darkened. Clear, healthy urine flowed through rupture. The *right* pubic bone was found lying in front of the left at the symphysis. Both rami pubis were found to be fractured. The rent in the bladder was sewn up by two rows of Lembert's sutures, the first being buried by the second, the toilet of the peritoneum performed, and a Keith's tube inserted, the edges of the peritoneum brought together, and then the edges of the skin. The wound was dressed with cyanide gauze, and a catheter tied in the urethra.

Cornelius 16.—Admitted for injuries to right hand, consisting of two long, deep, lacerated wounds in the palm, exposing palmur fascia and tendons on the outer side over the second metacarpal bone. The metacarpo-phalangeal joint was not opened. There was a comminuted fracture of the first metacarpal bone and a fracture of the head of the second. Chloroform was administered four-and-a-half hours after the partaking of food. The wounds were thoroughly cleansed and the edges of skin adjusted. During the dressing of the case patient vomited, at first liquid matter, but subsequently solid material. Patient became intensely cyanosed. Respiration ceased, and the pulse almost failed. As all other means failed to restore patient, Mr. Rogers performed tracheotomy, and passed a No. 10 catheter into the trachea, with some relief of symptoms. Afterwards a medium-sized tracheotomy tube was inserted, but as there was thought to be some bleeding into the trachea, the tube was removed. Patient coughed vigorously and ejected a piece of gristle (1in. by $\frac{3}{4}$in. by $\frac{1}{2}$in.) followed by considerable relief of symptoms.

During the evening a similar but smaller piece of food was ejected in the same manner.

Patient is doing very well.

Cornelius 17.—Complete comminuted compound fracture of the lower sixth of right femur. An anæsthetic was given. Mr. Golding-Bird enlarged the wound, removed two fragments of bone, replaced the ruptured quadriceps, some fibres of which were jammed between the ends of the fragments. The fracture was set and extension applied. The wound was thoroughly irrigated, and rendered aseptic. A sealed antiseptic dressing applied.

Patient doing very well.

Martha 9.—An impacted fracture of the neck of the left femur. Half-an-inch shortening of the left limb. Foot fixed and everted. Bryant's line right = 2 inches, left = nil.

Thickening of left great trochanter and local tenderness behind it. The head of the femur rotates in the acetabulum without crepitus. Patient can move her limb without pain. Probably the posterior wall of the neck has been driven into the inter-trochantric line.

Martha 18.—Burns on face and arms complicated by meningitis (tubercular ?).

Martha 19. —Acute suppurative periostitis of left tibia. Skin over bone inflamed, very tense and œdematous. Intense pain and tenderness. Temp. 103° F. Relief afforded by a free incision down to bone.

Lazarus 11. —Empyema of the right antrum. Pus discharging from nose, and also from a sinus between the cheek and the right upper alveolus. The swelling of right cheek varies.

Lazarus 17.—Abscess over the coccyx. Patient had a rigor soon after admission. When the abscess was opened caseous pus exuded. Probing detected bare bone. Progressing favourably.

Lazarus 18.—Patient admitted for symptoms of intestinal obstruction.

History.—Patient has had a double inguinal hernia for two years. On the right side the hernia had come down three or four times during the week before admission, whilst he wore his truss. For five days before admission he had passed neither fæces nor flatus per rectum; had been sick after food, complained of pain about the umbilicus. He continued his work for two days after the symptoms began.

Condition on admission.—Patient looked extremely ill; no swelling at either external abdomen rings; both canals clear. In the afternoon patient was examined by Mr. Golding-Bird, who detected a fulness above the right internal ring. On pressure, a small undefined mass could be felt, and patient complained of tenderness. Mr. Golding-Bird made an incision over the right inguinal canal. A strangulated knuckle of bowel was found between the peritonium and the abdominal parietes. The constriction was divided, &c. The hernia had been reduced by patient *en masse*.

Under Mr. Davies-Colley.

Luke 4.—M., æt. 13. Periosteal sarcoma of cranial bones and ribs; appeared last June and have grown steadily; on head, 15 inches in circumference, on sterum, 12 inches in circumference at base. Rapidly increasing; no pain. Ext. strabismus. Treatment.—Potassium iodide, and mercury perchloride.

Luke 1 and 10.—Two remarkable cases of hæmaturia.

1.—M., æt. 10. Tubercular elbow, left excised; urine healthy before operation, but contained much blood the day after, and remained so for three weeks. The carbolic acid dressing which had been used was then changed to boracic, since which urine has been healthy. This case was at first sight one of carboluria, but great numbers of corpuscles were to be seen on microscopic examination.

10.—M., æt. 26. Admitted for suppurating right knee-joint. Free incisions. Swelling of both feet, with much hæmaturia and albumenuria. Amputation through thigh with immediate relief; condition now very good. Patient well, with only slight trace of blood, and *no* albumen.

Cornelius 19.—M., æt. 49. A case of motor paraplegia from fall down a ship's hold 15 weeks ago. Sensation has been perfect all through, and paralysis has now cleared up with exception of left foot and leg. Patient has now got control over his bladder, but not yet over his rectum.

Under Mr. Golding-Bird.

Lazarus 2.—A not very common complication of fracture. Boy had simple fracture of both bones of forearm. Treated with ant. and post. splints which had to be changed on account of formation of superficial sores. After union had taken place and splints had been removed, there were discovered—

(1) *Peculiar fixed position of hand.*—Ungual phalanx flexed at right angle upon the 2nd. 2nd similarly flexed upon the 1st: 1st phalanx hyper-extended. Total appearance—the griffin claw described by Duchenne some years ago.

(2) *Loss of sensation* in all parts of hand not supplied by radial nerve.

(3) *Wasting of hand*, especially thenar eminence.

(4) *Limitation of movements of forearm.*—Position of ease midway between supination and pronation, with a range of movement through 45°.

Diagnosis was "partial paralysis of median and ulnar nerves." The ulnar was cut down upon and freed from a mass of fibrous tissue around the callus, in which it was involved. Since operation there has been some return of sensation, which shows, however, a tendency to vary. The median is to be freed by a subsequent operation.

Under Mr. Symonds.

Luke 16.—Aged 23. On February 18th the patient's superior maxilla was entirely removed for a sarcomatous growth. The growth had filled the antrum, depressed the right side of palate, and obstructed the posterior nares. It was found impossible to remove it entirely, as it arose from the spinal column, into which it was eating its way. The interest of the case lies principally in the late diagnosis of growth, the man having been for six months treated for intense right facial neuralgia, to alleviate which, indeed, Mr Symonds undertook the operation. The patient is progressing favourably, having lost his pain, and taking his food well.

APPOINTMENTS.

Cressy, George J., L.R.C.P., L.R.C.S. Irel., has been reappointed Honorary Surgeon to the Mansfield and Mansfield Woodhouse District Hospital.

Vincent, H. E., M.D., B.S. Lond., M.R.C.S., L.R.C.P., has been appointed to the Staff of the Croydon General Hospital, *vice* Dr. P. T. Duncan, resigned.

Watson, William, has been appointed Medical Officer of Health for the Rochester Urban Sanitary District.

Jones, F. Felix, M.R.C.S., L.S.A., has been appointed Medical Officer of Health for the Union of Llangyllin.

GUY'S HOSPITAL INSTITUTION FOR TRAINED NURSES.

A VISIT TO THE INSTITUTION.

With the report for 1891 we received an invitation to see the alterations and improvements that in the past year have been made in the head-quarters of this flourishing Institution, and accordingly a representative was sent. The Lady Superintendent kindly received him and showed him over the house, explained what had been done, and described the working of the Institution. In the course of the last year an adjoining house has been taken by the Institution, thrown into communication with the original premises, and the whole has been re-fitted and re-arranged. Whereas formerly there was, besides the office, only one sitting-room, which had to be used for meals as well, there is now a large club room on the first floor, containing, in addition to books and papers, a piano; there is a good dining-room on the ground floor, with old mahogany furniture which was evidently made for the house in the days when furniture was made well; there is an office and a sitting-room for the Lady Superintendent—both more cheerful than one would have thought the dingy exteriors of St. Thomas's Street could conceal; and there is a room set aside for prayers. Above these are rooms for fourteen nurses, with bath rooms, and below are large offices. Here there is a furnace for supplying hot water at all hours to all parts of the house.

In the course of the past year an office has been opened in Welbeck Street, which has telephone communication with the Lady Superintendent's office in St. Thomas's Street, and is open day and night.

There are in all 52 nurses attached to the Institution. Two of them are constant residents, and attend cases connected with the Lying-in Charity of Guy's. The rest go out to cases as applications are made. It has only once happened that the house was fully occupied, and that was in last autumn, when out of the 52 nurses 14 were waiting at St. Thomas's Street, but that was at a time when no one was ill, apparently, for other Nursing Institutions had more than 50 per cent. of their members idle.

The special feature in the organization of the Institution is that the nurses all receive fixed salaries, and a home with free board and lodging in St. Thomas's Street whenever they are out of employment, all payments for their services being paid to the Institution. This is an arrangement preferred by the nurses themselves to that obtaining at similar institutions elsewhere, in which the nurses receive the fees paid by their patients, and when at the home pay for everything they have.

The Institution is financially entirely independent of Guy's. It pays for the training of twelve probationers in the Hospital, and this year, after spending £425 on alterations and furniture, has a balance of £850—a financial position which the present Institution may well be jealous of.

THE 'FL'ENZA.—A MED(R)ICAL PLAINT.

There's a thing they call the 'Fl'enza
Now hurtling through the breeze,
Though common people think it,
It does not make you sneeze.

Now if you think you've caught it,
Just creep along to bed,
For you'll be surpassing dumpish
And wish that you were dead:

And as you lie your head it aches,
Till it is fit to crack,
And nasty painful stiffnesses
Seize on your legs and back.

It settles down upon your chest,
And makes your lungs pneumonic;
Or stops within your bronchial tubes
And yields bronchitis chronic.

If you want to take some medicine,
Well, try some salicin,
And with it for completeness sake
Just pile alkalis in.

Some say a "streptokokk" they've found,
Some call it a bacillus—
But no small beer are these small deer,
For often times they kill us.

Some think it so contagious,
They cut their own dear friends;
And only this they keep in view,
Distance enchantment lends.

Then souse yourselves in germicides,
The best of these—carbolic,
And swallow quarts of eucalypt,
Until you get the colic.

Now not "Grippe" but gripes do grip you

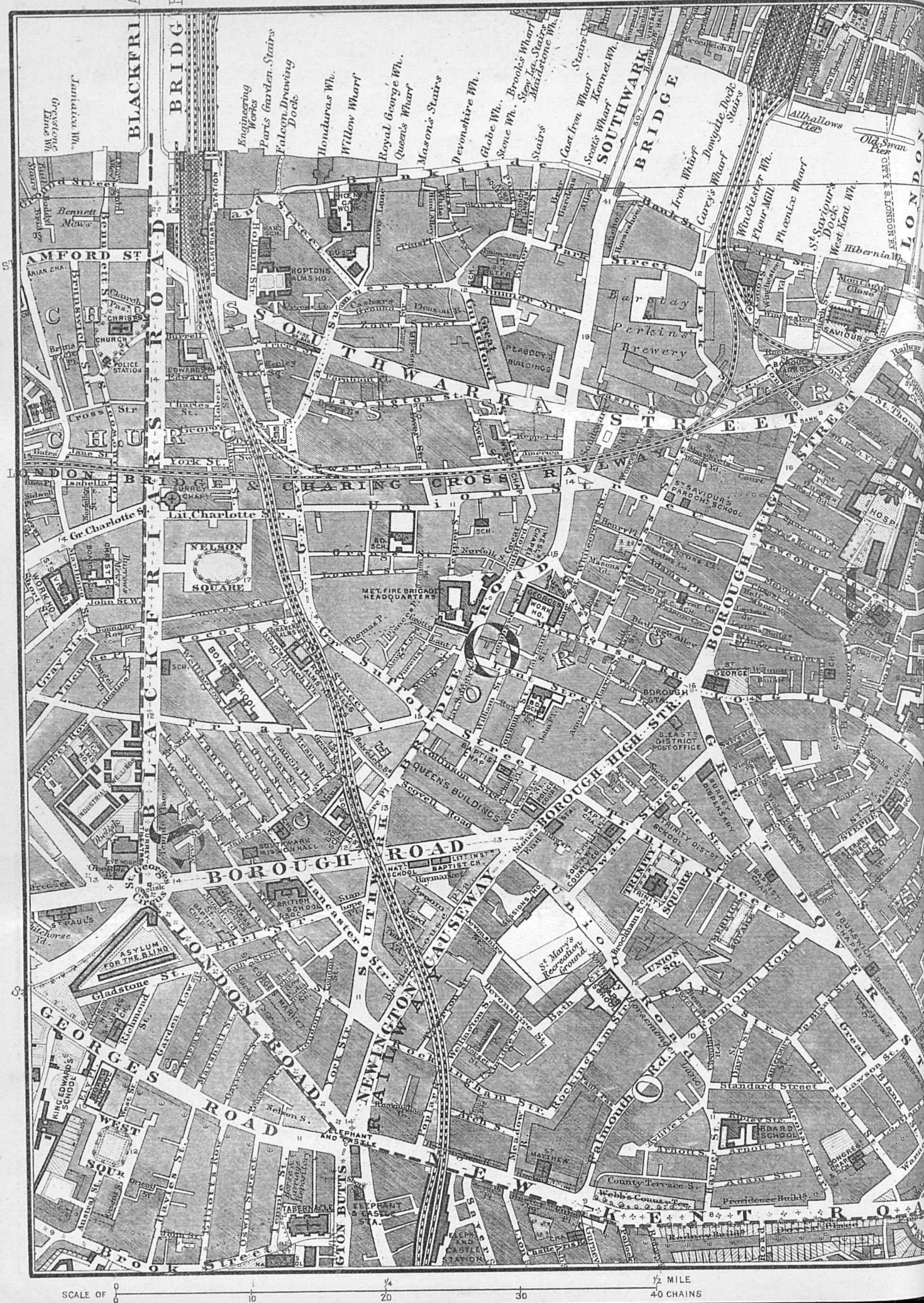
* * * *

[At this point our poet was took bad, and the inspiratory adventitious sounds from the Muse ceased—ceased to return no more.]

MEDICAL PRAYER UNION.

On Thursday next, March 10th, an address will be given to Medical Students by Dr. H. Soltau, late Medical Missionary in Burmah. Meeting will be at 4.30 p.m., in the Board Room of the Hospital.

GUY'S HOSPA



BLACKFRIARS BRIDGE
SOUTHWARK BRIDGE
Jamaica Wh.
Greystone Lime Wh.
Engineering Works
Paris Garden Stairs
Falcon Drawing Dock
Honduras Wh.
Willow Wharf
Royal George Wh.
Queen's Wharf
Mason's Stairs
Devonshire Wh.
Globe Wh.
Stone Wh.
Brook's Wharf
Stew La. Stairs
Maidstone Wh.
Cast Iron Wharf
Kennet Wh.
Scott's Wharf
Iron Wharf
Carey's Wharf
Dowgate Dock Stairs
Winchester Wh.
Flour Mill
Phoenix Wharf
St. Saviour's Dock
West Kent Wh.
Hibernia Wh.
Allhallows Pier
Old Swan Pier
CITY & S. LONDON RY
Chamberlains Wharf
Cox's Quay
Bank St.
Park Street
Barclay Perkins' Brewery
PEABODY'S BUILDINGS
Great Guildford
Sumner Str.
Holland St.
HOPTONS ALMS HO.
PHOENIX GAS WORKS
BLACKFRIARS STATION
STAMFORD ST
Bennett Mews
CHRISTS CHURCH
POLICE STATION
CHRIST CHURCH
SOUTHWARK STREET
Lavington St.
York St.
LONDON BRIDGE & CHARING CROSS RAILWAY
SURREY CHAPEL
Lit. Charlotte Str.
Gr. Charlotte St.
NELSON SQUARE
WORK HO.
John St. W.
Pocock St.
BOARD SCHOOL
MET. FIRE BRIGADE HEADQUARTERS
GEORGES WORK HO.
Union Street
Great Suffolk Street
Marshalsea Rd.
Lant Street
ST. SAVIOURS PAROCHL. SCHOOL
BOROUGH HIGH STREET
ST. GEORGE
BOROUGH STA.
S. EASTN. DISTRICT POST OFFICE
Newcomen Street
St. Thomas St.
GUY'S HOSP.
Borough Market
Great Dover Street
Long Lane
Friar Street
Webber Row
INDUSTRIAL DWELLINGS
ALMS HO.
SURREY THEATRE
SOUTHWARK MISSION HALL
BOROUGH ROAD
St. George's Circus
Obelisk
QUEEN'S BUILDINGS
Scovell Road
Collinson Street
Trinity Street
TRINITY SQUARE
SURREY DISPENSARY
Swan Street
Cole St.
ST. STEPHEN'S SQ.
BRUNSWICK CHAPEL
ASYLUM FOR THE BLIND
Gladstone St.
LONDON ROAD
ST. GEORGES ROAD
KING EDWARD'S SCHOOL
WEST SQUARE
Lancaster Str.
Earl St.
BRITISH SCHOOL
NEWINGTON CAUSEWAY
SESSIONS HO.
St. Mary's Recreation Ground
UNION SQ.
Falmouth Road
Rockingham Str.
Harper St.
Standard Street
BOARD SCHOOL
Great Dover Street
ST. MATTHEW
County Terrace S.
Webb's County Ter.
Providence Builds.
ELEPHANT AND CASTLE
ELEPHANT & CASTLE STA.
ELEPHANT AND CASTLE STATION
TABERNACLE
NEWINGTON BUTTS
NEW KENT ROAD
Brook Street
SCALE OF
0
10
1/4
20
30
1/2 MILE
40 CHAINS

CUSTOM HOUSE
Quay
BILLINGSGATE MARKET
Custom Ho. Stairs (West)
Custom Ho. Stairs (East)
Wool Quay
Galley Quay
Chester's Quay
Brewer's Quay
Tower Dock Stairs
Subway
Queen's Stairs
THE TOWER
GREAT TOWER HILL
Ditch
Bridge
Chapel
White Tower
Armoury
Tower Wharf
Watch
Store
Traitor's Gate
TOWER BRIDGE
ROYAL MINT
Upper East Smithfield
St KATHARINE Ddocks (East)
Basin
Cotton's & the Depot Wh.
Hays's Wharf
Hayes's Dock
Battle Br. Stairs
Wilson's Wh.
Gun & Shot Wh.
Symons Wh.
Staunton's Wh.
Phoenix Wh.
Fickle Herring Stairs
Freeman's Wh.
Brown's Wh.
Davis' Wh.
Horsleydown Stairs
Jerusalem Wh.
Locks Wh.
Steam Navign. Co.
General Dock Est.
Harrison's Wh.
Butler's Wh.
George's Stairs
Coventry Wh.
Celestial Wh.
Horsleydown New Stairs
Cat & Lower Lands Wh.
Reeds Wh.
Mesnards Wh.
Steam Coal Wh.
Millers Wharf
Steam Boat Wharf
Aldermans Stairs
Carron Wharf
B'Lions Wharf
London & Continental Steam Wharf
Hermitage Ent.
Hermitage Steam Wh.
Old Dundee Wh.
Granite Steam Wh.
Irons Sufferance Wh.
Hermitage Stairs
Hermitage Basin
Reid Tobacco Brewery
Hoare & Co's
Newcastle Steam Packets
St Katharine Stairs
Queen Elizabeth Free Grammar School
St John's Free School
HORSELYDOWN
Queen
Fire Stn.
Police Station
St Johns
Church St.
Sands Rents
Maunder's Market
St Saviour Dock
London Street
Dock Head
Reeds Wh.
Newbalds Wh.
Reeds Lower Wh.
Springalls Wh.
Hermitage Wh.
Norway Wh.
Pearsons Wh.
Murrels Wh.
Hart Lane Stairs
More & Alt Dock
Tannery
Police Division
St Mary Magdalen
Park St.
Stewart's
Abbey St.
Crosby's School
Bacon's Free School
Grange Rd.
Grimscott St.
Raycot Road
Tenter Ground
Tan Yard
Green Street
Jamaica
St James
Deptford Rd.
Old Kent Road
Wall
Rd
RD.
SEY

Passim.

The Physical Society meets to-night for a Clinical evening, the last of the Session.

With the present issue we give the map of the Extern Charity District, which we promised some time ago. The delay has been caused by the recognition of the deficiencies of the map at present in the Externs' room, which we were taking steps to have copied. This map is printed for us by Messrs. Stanford & Co., from their plates corrected up to last year. It is the most recent map that can be obtained of the warren of slums of which the district is composed. We are much indebted to Messrs. Stanford for their kindness.

By some accident the Guy's Hospital College buildings were set down in the plate, before it was corrected for us, as an "Infant School."

We understand that the Council of the Clubs' Union have lately been considering their financial position and the subsidies they will be able to grant to the constituent Institutions, and are pleased to hear that the outlook for the future is thoroughly satisfactory. It will be remembered that it was left optional to the men who entered before last October, either to join the Union or to subscribe individually to such Clubs as they took most interest in or they thought most deserving of their support. It appears that there are some 300 men about the Hospital who have not yet joined the Union, some of whom are no doubt Summer men who will subscribe in May. The Council has forwarded the names of these men to the Secretaries of the constituent Institutions, with the suggestion that from them should be collected such portion of their expenses for this year as cannot be paid by the Union. For our part, we would express a hope that the majority of them will be induced to join the Union rather than pay four or five separate subscriptions, as being much less troublesome to them and to the collectors.

The levelling of the ground at Honor Oak Park is going on as rapidly as the rather unsatisfactory weather of late will permit. Some of the turf has already been relaid, and it is hoped that when men come back after the Easter vacation they will be able to start tennis and cricket practice in earnest. A committee is considering the question of a pavilion, the building of which is soon to be started.

The Boxing Competition in the Gymnasium was such a success last year, that we are glad to see one is announced to take place on Wednesday, March 16, at 8 p.m. The finals will be "boxed off" on Friday, the 18th, at 8 p.m., when a display of gymnastic feats will also be given. Seats may be secured for the Wednesday by payment of 6d., for the Friday, of 1s., to the commissionaire, or Messrs. W. Bligh, H. T. Spon and H. Brereton.

The United Hospital Athletic Club are advertising a concert for the 23rd of March. The theatre of the Lyric Club has been lent for the purpose, and the Lyric Club also provides the performance, so a good evening's amusement is assured those who are able to attend.

The result of the Intermediate Examination for the M.B. London is given in our last issue. Two-thirds of our men having passed, we suppose we should be well satisfied, but we are not. The question arose in the minds of some of the candidates whether the Examiners had not gone beyond the regulations in setting mixtures for Analysis in the Practical Chemistry. The use of the word "mixtures" in the Honours Regulations, and of the phrase "not more than two of the list" in the Pass Regulations, implies a difference. It has been explained thus, by an authority in the University who certainly knows: Sugar and morphia constitute a

mixture, but morphia meconate, or morphia acetate, are not mixtures; neither are alcohol or chloroform containing one other substance in solution mixtures; they are then regarded as solvents.

Candidates would do well to be more familiar with the Regulations, and not to trust so much to the traditions handed down from generation to generation of candidates. Enterprising examiners are apt to consider that they are to be guided by the Regulations rather than by traditions.

Intending candidates for the Charles Murchison Scholarship in clinical medicine for students who have been registered more than four and less than six years, must send in their names to the Registrar of the College of Physicians not later than March 21. Further particulars can be obtained in the School Office.

Mr. C. E. Salter, M.B.Lond., L.R.C.P., M.R.C.S., has been appointed Assistant House-Physician; duties commenced on March 1st.

A contingent of the Guy's Dramatic Society, who went down in aid of a local charity, were well received by the inhabitants of Streatham. The Guyites were received by a crowded and enthusiastic audience, and had the gratification of learning that, as a result of the evening's proceedings, the funds of the charity were considerably augmented.

GUY'S HOSPITAL DENTAL DEPARTMENT.

Practice during January, 1892.

Gold Fillings	137
Amalgam ,, ...	134
Osteo ,, ...	88
Perm. G.P. ,, ...	31
Temp. G.P. ,, ...	96
Artificial Crowns	9
Scalings	18
Dressings	160
Attendances for Mechanical Appliances	18
,, Extractions under Anæsthetics ...	406
,, ,, without ,, ...	281
Advice	17
Total	1395

Correspondence.

To the Editor of Guy's Hospital Gazette.

Dear Sir,—In the course of my work I frequently meet men whose names I do not know, and I cannot find these out, except by continual inquiries among those whom I already know.

I understand that every student is requested to leave a signed photograph of himself at the Medical Office, for the use of those of his Lecturers who have no other means of finding out the names of the men in their classes.

If any arrangement could be made, by which those situated like myself might make use of these photographs, it would be a great convenience to,—Yours truly,

A FIRST YEAR'S STUDENT.

Dear Sir,—May I draw attention through you to the facilities (?) given to medical Ward Clerks for the testing of urine, more particularly on Tuesdays, when each patient contributes a specimen. At present one finds in each division of Mary, for example, an average of about 5-6 test tubes for each 26 patients. Two specimens will use up these clean ones, and the next Clerk comes only to find all the test tubes more or less full of urine and reagents. He looks in vain for suitable means of cleaning the tubes, the result is he is compelled to do what he can, and, as a consequence, gets various mixtures of urine on his fingers (it is quite impossible to avoid this under the existing circumstances). Again he looks in vain for some means of cleansing his hands, but not even a duster can he see. There *is* a basin in the ward, but surely the nurses have already sufficient work without having to empty and fill the basin a dozen times in the morning. May I conclude by suggesting that more test tubes and more racks be supplied, and also that a small, and suitable, sink be provided in some adjacent place, with a tap, of course, and hot water also, if possible, in order that that degree of cleanliness which we are taught approaches godliness may be attained and maintained.—I am, &c.

ὕδωε κατὰ χειρός.

DEMONIACAL POSSESSION.

Dear Sir,—The following extract from "Things Japanese," an interesting book on that most interesting country Japan, describes a curious mental disorder common out there. Dr. Bälz, a German physician and professor of medicine in the Imperial University of Japan, writing of demoniacal possession, says, "Possession by foxes is a form of nervous disorder or delusion not uncommonly observed in Japan. Having entered a human being, either through the breast, or more often through the space between the finger-nail and the flesh, the fox lives a life of his own apart from the proper self of the person harbouring him. There thus results

a sort of double entity or double consciousness. The person possessed hears and understands everything that the fox inside says or thinks, and the two often engage in a loud and violent dispute, the fox speaking in a voice altogether different from that which is natural to the individual. The only difference between the cases mentioned in the Bible and those observed in Japan is that here it is almost exclusively women that are attacked, mostly women of the lower classes. Among the predisposing conditions may be mentioned a weak intellect, a superstitious turn of mind, and such debilitating diseases as typhoid fever. Possession never occurs except in subjects that have heard of it already and believe in its existence."—Yours, &c.,

N. D. S.

Dear Sir,—An important discussion has just been concluded in the pages of the "Club Suggestion Book," which I venture to think would have ended otherwise had it been brought more prominently forward. The committee have come to the startling decision that the library may be used as a thoroughfare till 11 a.m. Could not that gaily-decked train of uncombed, half-dressed mortals be shunted from bedroom to bathroom, thence to order breakfast, back to finish dressing, and then again to breakfast, any other way than through the library? For instance, there is the smoking room, on the same level with the bathrooms; and there is the corridor over the library. The exercise, if any, would be beneficial after a cold bath, and especially for residents. May I suggest to the committee that the reading room be ready for study at 8 a.m., with the east door closed; also that every facility and encouragement be given to those who desire to study before going into the wards. I have seen men studying in the park shortly after 8 a.m., because, as they replied, it was the only place. A considerable number used to arrive early in the reading room of the old club, until the unsatisfactory management of the heating apparatus rendered it an impossibility; and often has the remark been made, that a place for early study would be a boon. As it is, for the sake of a very few residents, and a much larger number of non-residents, for whom there is no necessity to leave the east door open, the library as a place of study has become a thing of the past.—Yours,

A LIFE MEMBER.

THE MARKING OF LIBRARY BOOKS.

Dear Sir,—Among the many students who use the library I hope that there are few who resort to the objectionable practice of marking the library books. No doubt, underlining important passages in a book is a great aid to the memory, but it is clear that if one man does it another one will, and that in a short space of time nearly the whole book will become underlined and the very object defeated. If a man wants to underline and annotate a book, by all means let him do so—his own copy; if he cannot afford such an extensive library as his reading requires, it is not too much to expect him to write into a note book those passages or headings which he thinks specially instructive, leaving the library edition as the publishers made it. The other day I was looking at Treves' "Surgical Anatomy," a book, one would have thought, worth its money to the humblest votary of surgery, and amongst the pencillings I found the following, with many others.

Mr. Treves states that the hair of the head is sufficiently strong to support a man's own weight, and quotes Absalom as an instance. A writes on the margin that Absalom was held up "by his head." B inserts "the hair of," evidently looking upon the margin of the page as a nice place for a discussion. On the same page, someone, probably A, quotes another instance, tacitly rebuking Mr. Treves for not giving an exhaustive list. A few pages farther, on the margin again, we find arithmetic in the form of addition and multiplication sums; surely men might either cultivate their mental arithmetic or borrow a piece of paper from the librarian in such cases. I will only quote one other instance, one of less use to the general student than even the preceding, it is the ticking off and dating of chapters as they are read; a practice in favour of which nothing can be urged, even by those who mark books themselves.—I am, &c.

G. S. H.

SMOKING CONCERT.

There were some 150 men present at the last smoking concert, and a very enjoyable evening was spent by all. Nevertheless, there continues to be a want of variety about these entertainments, which probably accounts for the falling off in the attendance, and makes them certainly very monotonous to chronicle. Mr. Coulson and Mr. Charles Spurrell were again the mainstay of the concert, and they were ably backed up by Messrs. Wohlmann, Robinson, and Van Someren. The comic element was supplied by Messrs. Layman, Alexander, and Blasson, and the dramatic by Mr. Durham. We hope to hear Mr. Blasson's really excellent voice in something serious soon. "It is a pity to waste it." Mr. Layman worked very hard and at great disadvantage, owing to the music of his songs being somewhat involved. His efforts were much appreciated, the more so because Mr. Allport was unable to sing, owing to an injured mouth, and Mr. Lulham was away fishing. We never remember having heard Mr. Alexander to such advantage before. Mr. Durham performed in his usual finished style, but hardly spoke out enough.

A special effort will be made to insure the next smoker—and last of the series—being an unqualified success, and it is hoped that the comic talent will be greatly strengthened. It is even rumoured that one gentleman has even gone so far as to take a room in the College, where he may the better work up his highly dramatic and entertaining sketch, entitled, "Two lovely Black Eyes; or, What passed beneath the Annular Ligament."

Physical Society.

At the meeting on March 20, with Mr. F. G. Hopkins in the chair, a paper on "Influenza" was read by Mr. C. E. Salter. The subject was dealt with in a thoroughly exhaustive and yet interesting manner; first the history of the disease was gone into, the epidemic of the 16th century and those of later years being compared. In due course followed the geographical distribution of the disease, its ætiology, course, symptoms, complications sequelæ, pathology, prognosis and treatment. Influenza has been very much before us lately, and the reader of the paper was fortunate in choosing for his subject a disease with which nearly all present had had an experience, either as patient or doctor. This contributed to the interest of a good debate which was opened by Mr. A. Salter. To so interesting a paper on such a subject, justice could not be done by an abstract. We hope to be able to give more than an abstract in our next issue.

Mr. A. Salter detailed a conversation overhead in the train between two students of the popular medical press, in the course of which an influenza temperature of 212° was said to have been treated by the hypodermic injection of ice.

Mr. Sheen, who had expected to open the discussion, expressed his regret at being unable to imitate the "brilliancy" of the last speaker, who had so kindly taken his place. He went on to refer to the useful effects of alcohol as a prevention to influenza; speaking from personal experience of a "reasonable daily consumption of whiskey." The speaker then went on to discuss the possible connection between influenza and dengué, and after referring to unexplained cases of death in uncomplicated influenza, remarked that, from information received, he was able to announce that the Senior Charity had not observed an undue proportion of abortions owing to the epidemic, or any interference with the menstrual flux.

Mr. Spurrell spoke of suppurating glands as a complication of influenza; he had seen several cases. Antifebrin combined with salicylate of soda had been found very useful treatment. With regard to the protective effects of influenza attacks, there were certainly cases of two attacks during an epidemic. He had known one case of a lady who had three attacks at intervals of a fortnight, the last being the most severe.

Mr. Young (the Senior Charity) repudiated Mr. Sheen's remarks about his obstetric experiences. He had only been on about a month, and was therefore not in a position to give much information with respect to the effect of the epidemic on the "menstrual flux." He might say, however, that they had had fewer complications of labour owing to influenza than they had expected.

Mr. Long contrasted the present epidemic with that of last year in respect of its effect upon young children. Last year they seemed to have it very mildly, and were well in a very short time. . This year there has been a great deal of broncho-pneumonia as a complication. The speaker then went on to deal with alkalies and caffein in treatment. The latter acted marvellously in some cases, in others it failed.

Mr. H. E. Durham gave some experiences from Clinical Ward concerning the complication and sequelæ of influenza, dealing, *inter alia*, with sudden death in children, suicide, apical pneumonia and rheumatism. He also related a case of extreme broncho-choreo following an attack.

Mr. Parry, after dealing with the humours of popular remedies for the disease, reminded the Society of Lennox-Browne's influenza organism; the discovery of which had preceded Pfeiffer's work.

Mr. Hamilton next spoke, instancing cases of deafness and malignant endocarditis as sequelæ. As regarded influenza in animals, the epidemic had certainly had no effect on the vitality of the cats round Clinical.

Mr. Steele contrasted the prevalance of catarrhal symptoms with older epidemics, and their absence in the recent ones. He related how the epidemic of 1510 was attributed to the falling of the eagle on Paul's Church. It fell on to another eagle outside a tavern in Cheapside, and it was held that something was bound to follow such a union. The speaker next referred to some statistics which had just been obtained by passing a paper round to all the members present. These dealt with the duration of the disease in relation to the treatment adopted, and it appeared, according to Mr. Steele, that those who had been treated with egg-flip had come off best, recovery occurring in 24 hours.

Mr. Bligh, dealing with the ætiology of the disease, remarked that it was known to have been endemic for 20 years in certain low-lying districts in China. This is probably the head-quarters of influenza, and it is probable that evolutionary processes may here modify the bacillus and thus account for the varying characters of the different epidemics which spread over the world at wide intervals.

Mr. Wohlmann was obliged, from personal experience, to deny the preventive effects of alcohol. He had consistently consumed his daily quantity of whiskey, but had not escaped influenza.

Mr. Shillitoe quoted two cases in which influenza had led to a recurrence of gonorrhœal discharge some months after its complete cessation. He also referred to cases in which the disease was supposed to be of very long duration; one lady he knew had had influenza ever since last Whitsuntide.

Mr. Carey-Pitt had collected some statistics of the disease among Guy's men. His figures dealt with some hundreds of cases. They showed, among other facts, that of those who had suffered from influenza during one epidemic, about twenty per cent. had had recurrence.

Mr. Howard asked what was the real evidence of the identity of the three forms of the disease, namely, the

nervous, the respiratory, and the intestinal form. Had the bacillus been found in all these types?

Mr. Salter, having replied to the various queries at full length, the Society awarded him a hearty vote of thanks for his able and important paper.

EXAMINATION PAPERS.

ARMY MEDICAL SCHOOL, NETLEY.
January, 1892.

Examination of Surgeons on Probation for the Medical Staff of the British Army, and for H.M.'s Indian Medical Service, held at the close of the 63rd Session.

1. Our first p.m. examination resulted from a case of secondary syphilis, in a Private of the Bedfordshire Regiment, aged 23 years, enlisted at the age of 18, of five years' service, mainly in India, where he contracted syphilis (at Secunderabad) in 1888. He died after an illness of one year and 63 days, having been 44 days under treatment for the primary sore. Secondary syphilis became fully developed two months and ten days after primary infection. These secondary symptoms consisted mainly of skin eruptions, loss of hair, extensive ulceration of the throat, tonsils, uvula and soft palate, Rupia with ulceration, constitutional debility and (so-called) attacks of ague. Note shortly the points of interest which were referred to in this case; and write what you know as to the evidence of the infective nature of syphilis; and define the restricted meaning of the term. Describe the lesions that may be seen in the Liver of syphilitic cases. 2. We have examined *post-mortem* several characteristic cases of bacillary Tuberculosis. Write what you know regarding (1) the Pathological histology of such cases; (2) showing the gradual steps by which it has been proved that bacillary tuberculosis is a specific infective disease; (3) give a connected account of the views at present entertained as to the contagiousness of bacillary tuberculosis, and the measures thereby suggested for preventing the spread of the disease. 3. In view of the great and increasing prevalence of Enteric Fever in India, and the large amount of sickness and mortality it annually causes amongst the troops. What are the Pathological points to be specially inquired into in India as to the etiology of Enteric Fever there; and what definite scientific basis is it desirable to work upon, so as to distinguish the nature of *Fever* cases there and to stamp their identity, or differences?

Military Hygiene.—1. How much carbonic acid is given off by an adult per hour in repose and in active work? Calculate from this how much fresh air is required per hour under each of these conditions to keep the atmosphere of an air-space pure. Mention some of the best methods of ventilation and give reasons for your preference. 2. A regiment of Infantry, 1,096 strong, is encamped on a space having a front of 120 yards and a depth of 150 yards. What is the density of population per square mile? Is this excessive? Compare this with the population of London or any other densely populated city. 3. Give an account of the chief so-called disinfectants. State what you know of their action and the limits of their usefulness. 4. In what way do soils affect health? Explain what is meant by *Ground air* and *Ground water*. What influence have these on the healthiness of a place?

Military Surgery.—1. What is meant by a small-bore rifle bullet? How is it defined? What forces are concerned in its wounding effects, and how do they differ from those acting upon a smooth bore bullet? What is meant by the energy or *vis viva* of a modern bullet? Give an account of the kind of injuries both to soft parts and to bone that experiments and your reading would lead you to expect as the result of their use. 2. Describe the kinds of hospitals recognised in the Army in times of peace, and in times of war. How are the patients fed in the different varieties of hospitals, and how is the cost of the food recovered? or is it borne by the public? 3. A soldier is brought into the field hospital with a bullet-wound implicating the shoulder joint. How would you propose to deal with it? Write fully your opinions. 4. Describe the method of testing the vision of a recruit with the test dots. On what principles are these dots constructed? What is the minimum acuteness of vision demanded by this test, and what would this correspond to if Snellen's types were used? What degree of Myopia would it exclude?

Military Medicine.—1. Mention the chief diseases and conditions of ill-health that are caused by Malaria. Describe Intermittent Fever, and give the treatment of this disease. 2. What are the principal sequelæ and complications that may follow sunstroke? 3. Describe the chief varieties of Liver Abscess met with in hot and tropical countries. How would you treat a case of acute abscess of the liver? 4. An officer, in India, suffering from suicidal melancholia, is placed under your charge: describe your management and treatment of the case. 5. Assuming that he has reached England still insane, describe the steps to be taken, according to the Lunacy Act of 1890, to place him under legal restraint in an English private Asylum.

Hygiene.—1. Examine the sample of Water before you, as follows:—A. Chemical analysis. 1. Qualitative (except Magnesia). 2. Quantitative, viz: *(a)* Hardness—1. Total; 2. Fixed; 3. Removable, in parts per 100,000 and in grains per gallon; *(b)* Ammonia—1. Free; 2. Albuminoid, in parts per 100,000. B. Report on the fitness or otherwise of the water for drinking purposes. The Chlorine is 7 parts per 100,000. 2. Determine the Carbonic Acid per 1,000 volumes in the sample of Air in the jar. Calculate from this the amount of air which has been delivered per head per hour. N.B.—The lime water has remained in the jar sufficiently long for the experiment. 3. Examine microscopically, and describe very shortly the contents of one of the packets. N.B.—Note the number of the packet. 4. Observe the Wet and Dry Bulb Thermometer, and calculate the Dew Point therefrom.

Pathology.—1. Determine the magnifying power of any one of the microscopes, and give the number of the microscope you have selected. 2. In the preparations numbered 1, 2, 3, 4, define anatomically, what parts are shown in each, and the lesion or lesions present. 3. Name the bacterial cultivations numbered 1 to 3, giving the reasons why you so name each. 4. Name each of the preparations placed under the microscopes on the table, and give your reasons for so naming them, based on the details you have observed. Give the number of the microscope corresponding to the preparation placed under it. 5. Stain cover-glass preparation of each specimen of sputa in the dishes marked [*A*] and [*B*] and say if they each contain Bacillus tuberculosis.

THE NEW PHARMACOPŒIA.

NOTES BY THE SECRETARY OF THE PHARMACOPŒIA COMMITTEE.

(Continued.)

DISEASES OF WOMEN.—The following formulæ are suggested by Dr. J. Braithwaite, Obstetric Physician to the Leeds Infirmary.—Take of

Solution of Subacetate of Lead 6 fluid drachms
Dilute Hydrocyanic Acid 3 fluid drachms
Glycerine 1 fluid ounce
Water to 16 fluid ounces

Mix. To be used with a very little hot water.

For use in Vulvitis with swelling and œdema.—Take of

Resorcin 1 drachm
Calomel 2 drachms
Black Oxide of Mercury 30 grains
Hydrochlorate of Morphine 6 grains
Tragacanth in powder 30 grains

Mix for a powder.

For syphilitic warts. Apply a little at bed-time.—Take

Iodine in crystals
Iodide of Potassium
Rectified Spirit, of each equal parts by weight.

Mix.

"I got this from Dr. Wynn Williams at the Samaritan Hospital many years ago. It is an almost infallible cure in Subinvolution of the Uterus, applied on wire coated with cotton wool to the whole of the interior."—Take of

Alum 10 grains
Sulphate of Iron 2 grains
Sulphate of Quinine 1 grain
Syrup of Lemons 1 fluid drachm
Water to 1 fluid ounce.

Mix. Dose: 1 fluid ounce three times a day.

For "Menorrhagia with debility."—Take of

Extract of Indian Hemp $\frac{1}{3}$ grain
Sulphate of Iron 2 grains
Extract of Socotrine Aloes $\frac{1}{12}$ grain.

Mix for 1 pill.

"For debility and menorrhagia following abortion, when no cause is discoverable,"

Dr. D. Hooper assigns the following formula to Dr. Galabin, and states that it is "useful in tenesmus vesicæ."—Take of

Spirit of Camphor 30 minims
Mucilage of Acacia 2 fluid drachms, or a sufficiency
Water to 1 fluid ounce, or $1\frac{1}{2}$ fluid ounces
Carbonate of Potassium 10 grains
Potassium Bromide 15 grains.

Mix. Dose: 1 or $1\frac{1}{2}$ ounces three times a day.

DYSENTERY.—Dr. T. B. Baker states that he has found Dr. Bank's Powder for dysentery "act almost magically in India." He gives the following directions for its preparation:—Take of

Finely powdered Gall Nuts 30 grains
Finely powdered Nutmegs 30 grains
Finely powdered Starch 90 grains.

"Mix all these well together and divide into six doses, one to be taken in about a wineglassful of cold boiled milk. It may be repeated several times a day, or, if necessary, double doses may be given. Children's doses in proportion to their ages."

Dr. R. Atkinson suggests the following powder:—Take of

Mercury with Chalk 4 grains
Dover's Powder 5 grains.

Mix.

As an enema in rectal dysentery Dr. Galton recommends this prescription.—Take of

Sulphate of Zinc 5 grains
Liquor Opii Sed. 25 minims
Water to 2 fluid ounces.

Mix for an enema.

DYSPEPSIA.—Many are the prescriptions for an alkaline mixture to be used in the treatment of dyspepsia, most of them resembling closely the Mistura Gentianæ et Sodæ of the G.H.P. In some of them the Compound Infusion of Gentian is replaced by the simple Infusion, or by Tinct. Gent. Co. with Water, or by the Infusion of Calumba or Quassia. For the Aromatic Spirit of Ammonia the Carbonate of Ammonia is used. Some add 5 minims of Tincture of Nux Vomica, others 10 minims of Spirit of Chloroform, others 1 minim of Fowler's Solution. Dr. Law recommends the following:—Take of—

Bicarbonate of Sodium 15 grains
Dilute Hydrocyanic Acid 3 minims
Infusion of Gentian 1 fluid ounce.

Mix.

He says that it "is one of the most generally useful forms;" and of a similar formula Dr. H. E. Counsell remarks: "It is quite as useful in most cases of subacute dyspepsia as the Bismuth Mixtures, and is much less expensive."

For flatulent dyspepsia Dr. Masterman recommends the following:—Take of

Hyposulphite of Sodium 5 grains
Bicarbonate of Sodium 25 grains
Tincture of Opium 5 minims
Chloroform $\frac{1}{2}$ minim
Water to 1 fluid ounce.

Mix. Dose: 1 fluid ounce every 4 hours.

Compare with this the Mist. Sodii Sulphocarbolatis, G.H.P.

Somewhat similar is the following :—Take of

Carbolic Acid 1 to 3 grains
Carbonate of Magnesium 10 grains
Compound Tincture of Chloroform 20 minims
Water to 1 fluid ounce.

Mix. Dose: 1 fluid ounce 3 times a day.

Remarks by Dr. Forman: "Antacid and sedative in flatulence, in vomiting from dilated stomach, and the like.

A mixture somewhat similar was a great favourite with Dr. Moxon.

Dr. Milner Gaske states that the addition of ⅔ grain of Hydrochlorate of Cocaine to the Mist. Bismuthi et Morphinæ is "a specific in painful dyspepsia."

Dr. W. E. Tressider suggests the following on the lines of the Mist. Rhei Co., G.H.P.:—Take of

Tincture of Rhubarb 15 minims
Bicarbonate of Sodium 10 grains
Tincture of Ginger 15 minims
Infusion of Gentian 1 fluid ounce.

Mix. Dose: 1 fluid ounce 3 times a day.

For the gastric catarrh of alcoholism Dr. R. M. Simon recommends :—

Ammonium Chloride 10 grains
Benzoate of Sodium 10 grains
Tincture of Capsicum 2 minims
Tincture of Nux Vomica 10 minims
Water 1 fluid ounce.

Mix.

(To be continued).

LIST OF BOOKS ADDED TO LIBRARY.

The following are the most recent additions to the Library:—

PRESENTATIONS.

Fagge & Pye-Smith's Principles and Practice of Medicine; 3rd edition. By Dr. Pye-Smith.

Taylor's Practice of Medicine, 2nd edition. By the Author.

Jones' Diseases of Women; 5th edition. By the Publishers.

Punjaub Poisons. By the Author, Surgeon-Major T. E. Burton Brown.

Abstract of Papers communicated to the Congress of of Hygiene, 1891, and "Lancet" Reports of Hygiene Commissions held from 1876 to 1889. By Dr. Stevenson.

PURCHASED.

The back Nos. of "Annales de l'Institut Pasteur."

Roberts' Urinary and Renal Diseases; latest edition.

Hilton's Rest and Pain; latest edition.

Parker's Biology.

Miller's Micro-organisms of the Human Mouth.

Sutton's Introduction to General Pathology.

Waller's Physiology.

Births.

GILES.—On Feb. 12th, at Albemarle House, Hounslow, the wife of Bernard Faraday Giles, M.D., of a daughter.

LAMB.—On Feb. 17th, at Palace-court, W., the wife of W. H. Lamb, M.B. Lond., of a daughter.

Sport.

RUGBY FOOTBALL.

GUY'S v. COVENTRY.

A very comfortable saloon—one that would put anything on the Great Western Railway to shame—took the team and three or four of their well-wishers down from Euston to Coventry on Saturday morning, and deposited us there in nice time for a quiet lunch and a little breathing time before the game commenced.

There was a deal of suppressed excitement evident in the town, and the match was being eagerly looked forward to by the homesters, as London teams rarely visit the town. The home club had posted up a record of our previous matches this season in a prominent place outside our hotel, so that our performances were well known, and it was the general opinion that Coventry would have slightly the best of the matters. The ground was soft, but still in very good going order, so that a very fast and exciting game resulted. There was very little of the monotonous scrimmage; loose forward rushes, with occasional brilliant bits of play by the backs were the order of the day from start to finish.

In the first half Coventry registered a try as the result of a good combined forward rush, but their attempt to convert was unsuccessful, and we changed ends with the score against us. Early in the second half we began to force the game, and a really brilliant bit of play by W. J. Hancock gave Layman possession of the ball within a few yards of the goal-line. There were certainly a few opponents in the way, but "stamina" asserted itself, and a try resulted. From a not altogether easy angle Hancock placed a neat goal. From now till the end our fellows were kept very busy, and Coventry were unlucky in getting in on more than one occasion. However, nothing more was scored, and we found ourselves winners by a goal to a try.

After the match we were entertained by the club, and both teams sat down to a nicely served meat tea. Afterwards cigars and punch enticed the company into jovial song and speech, and we left at 7.30, feeling that Coventry was a very jolly place, and that their people had made our visit a very pleasant one.

ASSOCIATION FOOTBALL.

SURREY SENIOR CUP (SEMI-FINAL).

GUY'S HOSPITAL v. GUILDFORD.

This match was played on the Reigate ground on February 27th. Guy's kicked off, but were obliged to start one short, as Cotterill had not turned up, nevertheless the ball was at once taken down to the Guildford goal and Stamford went very near scoring. The ball going behind, it was kicked off, and the Guildford forwards rushed it down to our end and kept it there for some time, Lowe having several long shots to negotiate, which he did successfully. Cotterill then arrived and he and Stamford

at once made a good combined run down to the Guildford goal, and passing to Pendred the latter's shot only just when outside the posts. Give and take play then followed for some time, both goal keepers being kept busy, until after about 20 minutes' play Frith put in a long screw shot, which completely baffled the Guildford custodian and scored the first goal for Guy's. The ball being kicked off again, Guildford invaded the Hospital territory and suffered very hard lines in not scoring, as Lowe having left his goal to save a shot, the ball was almost through before he could return, but Hewetson cleared just in time and Fisher and Mumford removed the attack to the Guildford end, the backs having to concede a corner which was beautifully placed by Poole, but the ball was fisted out by the Guildford goal keeper, and taken down the ground by our opponents right wing until they were pulled up by Daniel, Cotterill got possession and dribbling up passed to Pendred, who scored the second goal for Guy's. Just before half-time Stamford made a single-handed run and ended up with a splendid shot, which the Guildford goal keeper saved in good style. Half-time was called with Guy's leading 2—0. On re-starting, Guildford played up with great dash, and gave our backs a great deal to do. At last Guildford gained a corner kick, which was well placed and their inside left forward headed it through our goal. This seemed to be Guildford's last effort, as they were never again very dangerous except once, when a foul was given against Lowe for carrying the ball, but the danger was averted by Hewetson. Guy's then did all the pressing, and certainly had very hard lines, two good shots of Cotterill's hitting the bar, and a long one from Poole was well saved. Guy's continued to have all the best of it, having several free kicks and corners, until at last from a scrimmage Fisher scored the last goal of the match, Guy's winning by three goals to one. Before going into the individual play, it may be said that Guy's quite retrieved the laurels lost in the Hospital Cup tie with Bartholomew's. Lowe was very safe in goal, and caught the greasy ball very well; but he would be much better if he threw it away more, instead of trying to get his kick in. Our full-backs showed great improvement, especially Frith, who tackled and kicked in fine style. Our half-backs all played well, and quite broke up the Guildford combination. Poole tired very much at the finish, and was evidently rather out of condition; but Daniel and Hewetson did an immense amount of work. The forwards combined very well indeed, Cotterill and Stamford being well together. Mumford gave Fisher some splendid passes, of which that player availed himself well; and Pendred fed both wings well, and was very unselfish.

The final is to be played at Guildford, on March 26th, when we meet our old opponents, Reigate Priory; and although it is some way from town, we hope for a good attendance of Guy's men.

Team.—P. R. Lowe (goal); W. S. Frith (capt.), H. D. Packer (backs); A. M. Daniel, H. Hewetson, W. Poole (halves); W. H. Fisher, W. G. Mumford (right wing), L. Cotterill, R. B. Stamford (left wing); B. Pendred (centre).

UNITED HOSPITALS HARE AND HOUNDS.

On February 20th the above Club held their ten miles handicap. After the snow, which had fallen in the course of the week and had not yet quite disappeared from the ground, the going was very heavy, and the attendance was not large. A good race, however, took place, resulting in a victory for W. H. Kenrick (London), 9 minutes start, A. N. Wilde (St. Bartholomew's), 1½ minutes, being a good second. Guy's was represented by J. W. Eastment and H. A. Munro, but both failed to secure a place at the finish.

Last Saturday the short distance handicap was decided over a Wimbledon course, and on this occasion Guy's was well to the fore, Munro, Eastment and Wilmot finishing first, second and third.

The Inter-Hospital Challenge Cup contest will be held to-day (March 5th) at Raynes Park, over the ten mile course. Guy's will be, unfortunately, without the assistance of F. M. Turner, but even so our prospects look rosy, and the running of our men last Saturday seems to show that they are a faster and better trained team than any other hospital can muster. The following will represent the Hospital: H. A. Munro, P. Wilmot, J. W. Eastment, H. W. Dudgeon, and M. E. Tressider.

Advertisements.

The Grove, Jersey.

Proprietor, F. Neel Gaudin, M.P.C., M.R.C.S., L.S.A.

A HOME for the Treatment of Nervous and Mental Diseases, both sexes. Handsome Mansion in Park of 11 acres, besides gardens and farm land. Healthily situated on high ground, with extensive sea views. Associated and single rooms, and self-contained suites of two, three or four rooms. Sea bathing (hot and cold). Usual amusements and occupations.—For terms and particulars, &c., apply to Charles Caldecott, M.B., B.S.Lond. (Guy's), Resident Medical Superintendent.

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M.D. Lond., F.R.C.S. Eng., married, residing in a commodious house facing the sea, with tennis court in front, also good balcony, wishes to receive two or three RESIDENT PATIENTS. Drainage of house guaranteed *perfect*. Terms moderate.—Apply M.D., Carlton House, Dalby Square, Margate.

RESIDENT PATIENTS.—A Married Medical Man, living at a healthy watering-place on the East Coast, is anxious to meet with a Resident Patient. Capital grounds, with tennis court and billiard room. Subsoil sandy. Drainage perfect. Highest references. Terms according to requirements. Suite of rooms if required.—Apply, Dr. Roberts, The Beeches, Lowestoft.

FOR DISPOSAL, in the S.E. District of London, a genuine Practice, receipts amounting to £400 per annum. Established 5 years. Lowest Price £450. —Apply to H., c/o Mr. Wells, Guy's.

TWO GUY'S MEN, qualified both socially and professionally, and each about 34 years of age, seek a good-class Practice in or around London, or in South of England. Can invest £2,000 to £3,000.—J., c/o Mr. Wells, Guy's.

Notice.

All Communications, Articles, Letters, Notices, and Books for Review, should be forwarded, accompanied with the name of the sender, to the Editor, Guy's Hospital Gazette, *Guy's Hospital, S.E.*

The annual subscription to the Gazette *is 6/6, post free 7/6. All financial communications, as well as subscriptions, should be sent to the Financial Editor,* Mr. C. H. Wells, Medical Office, Guy's Hospital.

Any of our Subscribers, who may be desirous of having their numbers of the Gazette *for 1891 bound, should leave them with the Librarian as soon as possible.*

The charge for binding in blue, with the Arms of the Hospital in gold, will be One Shilling *and* Sixpence.

Guy's Hospital Gazette,

MARCH 19, 1892.

NOTES OF A CLINICAL LECTURE ON CARDIAC PAIN AND DISTRESS, BY DR. HALE WHITE.

The subject of to-day's lecture is so frequently met with that all of you must have seen examples of it, and must have already formed some opinions about it. At the present moment there are six patients in Clinical with heart disease, and in five of them the pain and distress from which they suffer is their chief trouble, and many of you who have seen my patients in Stephen and Mary during the last few months must have noticed among others those in 23, 29, 36 and 39 beds in Stephen, and in 7 bed in Mary, all suffering from this condition, and also you must have observed how difficult it is to benefit it. I doubt very much whether there is any department in medicine in which the skill of the physician is better shown than in his treatment of cardiac pain and distress, for he has few definite rules to go by, as hardly any two cases exactly resemble each other, and even when they appear to do so it is found that it is easy to relieve one and impossible to relieve another very like it. Then again no sharply marked classification is possible however carefully it is made; you will constantly meet cases which cannot be put into any class you have framed. To describe the cases to you I shall try to make a rough classification, but you must remember that it is very rough, that many cases belong partly to one class, partly to another, and that I only make the attempt in order to render the subject a little clearer than it otherwise would be.

The first group is composed of those patients who sit propped up in bed, breathing hurriedly but feebly; they are livid, the veins in the neck stand out, probably the feet are swollen, the lungs are œdematous, the liver is large, the urine is albuminous, high-coloured and scanty; the pulse is very weak, probably irregular, the patient usually has mitral regurgitation, and the right side of his heart is excessively distended. You observe that he has all the signs of considerable backward venous engorgement, but we have not to concern ourselves with them to-day. His distress is extreme, there may not be very much pain, the countenance is anxious, he cannot possibly lie down, nor sleep comfortably at night, he is very scant of breath. We have not at the present time an exactly typical case in, but the little girl in Miriam and the little boy in John are fairly good examples of this group. (Notes of the cases were here read; they showed most of the symptoms just mentioned). Both these patients sit propped up in bed, in both there is pain, the distress is great, and, as is usually the case, it is worse at night, and consequently they cannot sleep well.

Now, the question arises what are you to do for this state of affairs. It is obvious that the right side of the heart is distended very greatly, and you know that when a contractile organ is over-distended it becomes paralysed; also you know that the two sides of the heart act very largely in unison, so you may fairly infer that, if you can partly empty the right side of the heart, and make the whole organ contract regularly,

you will go a long way to removing the distress. You know the drug of all others to do this is digitalis. (Here it was explained how digitalis acted.) So, therefore, you put your patient on this at once. It does not much matter how you give it. Many maintain that, as neither the infusion nor the tincture contain all the active ingredients, it is better to give the powdered leaves in the form of a pill. Now, unfortunately, digitalis often causes vomiting in these cases, partly, no doubt, because of the extremely congested state of the stomach consequent upon the regurgitation. If so, try stropthanthus; and if this causes vomiting, give the tincture of convallaria; and if this is inadmissible, you might try tincture of erythrophlœum. But if, unfortunately, all these produce sickness, it renders the case very much more difficult to treat. Do not give digitalin subcutaneously; it is an uncertain preparation and often produces sores. The tincture of digitalis has been given under the skin. Very often, I think, the lives of patients in this condition have been saved by the prompt administration of strychnine, and this is best given subcutaneously in the form of two to four minims of the liquor of the hydrochlorate. It acts as a direct cardiac stimulant, and is more valuable for a single administration when the patient is very low, than for continued administration. Of course you will keep him propped up, for then the weight of the liver is kept off the heart. Remember, too, it is better to give your medicine in small doses frequently repeated rather than three times a day.

In cases in which the distension of the right side is great, you must consider the question, shall we bleed the patient; usually this is not required, but often it is demanded, and you gauge whether it is necessary entirely by the degree of lividity and right-sided distension. Ten or fifteen ounces of blood is a usual quantity to take. The result is that the over-distended right side of the heart has some of the blood within it taken away, and the muscle no longer stretched can beat regularly and forcibly again. Often the bleeding acts like a charm; as the blood flows out of the vein, the lividity passes off, the pulse becomes regular, the patient becomes easier, and much of his distress disappears. Frequently, when, before the bleeding the patient did not react at all to digitalis, after venesection this drug acts powerfully on the heart. The best case I had in the Hospital to which good was done by bleeding, was a man who was some time ago in 23 bed, Stephen, in him the benefit was rapid and marked. Not long ago I saw a case which clearly wanted bleeding, the doctor had no lancet, but happened to have a wet cupping apparatus, so we wet cupped the patient, and this did just as well. When less blood is required much good can often be done by leeches. The little boy in John and the man in 29 Stephen have had leeches over the liver; certainly in the case of the man, and probably in that of the boy, much improvement followed the use of the leeches. In both these cases the liver was very much enlarged.

The next point you have to consider is, shall I give my patient any of the drugs which are sedative to the nervous system, and of course you first think of opium. At the outset we may say that if there is no contra-indication it may be given with the greatest possible benefit, it calms the patients, relieves their distress, and what is even more important is that it produces sleep. If you doubt its efficacy, see the good it did to the boy in John, and to a woman in Miriam, in both these cases the patient has been distinctly benefitted by it (the notes of the cases read showed this). Morphine, as you know, is a direct depressant to the respiratory centre, and respiration is, in the cases we are considering, much hampered by the condition of the

heart and lungs; large doses are also direct cardiac depressants, acting both on the cardiac muscle and the centre for the vagus. But you must remember that pain, cardiac distress, and insomnia are also very depressant to all the functions of the body, and in every case you must think when at the bed side, am I or am I not likely to do good by giving morphine? This question is I am sure far too frequently answered in the negative, a great many patients are not as much relieved as they might be because the doctor is too fearful of the bad results of opium. You can always begin with a small dose and watch the result, and you must never lose sight of the fact that one good night is often better than a whole chemist's shop. As it is more prompt and certain, and does not interfere with digestion, a hypodermic injection of morphine is often preferable to opium by the mouth. Some of the depressing effects of the morphine may be overcome by injecting at the same time $\frac{1}{150}$ of a grain of sulphate of atropine.

In going round the wards students sometimes say is this a case in which to give belladonna? Let us see what atropine does; it renders the pulse more rapid because it paralyses the cardiac terminations of the vagus, but it does not diminish the force of the cardiac beat. The result is that in the given time more blood will be got through the heart with belladonna than before it was given, but often in these cases the pulse is already very rapid, so that we naturally hesitate to give belladonna. But this drug certainly can relieve pain, as we see in the frequent use of belladonna plasters and glycerine of belladonna as local anodynes, and a belladonna plaster, or the tincture given internally, may in mild cases occasionally relieve cardiac pain, but, on the whole, I think we may conclude that in the severe cases we are considering, in which generally the pulse is rapid, belladonna is not likely to be so valuable as opium, but it is likely to be useful in less severe cases.

Chloral and Bromides. Do not give these; they are powerful cardiac depressants, and are therefore not suitable for the present class of case.

Chloralamide is an excellent drug for producing sleep, and if the cardiac pain and distress are not great it is often very valuable, for it causes no cardiac depression; on the other hand, if these symptoms are marked it is far inferior to opium. Thirty grains may be given for a dose at night. It is insoluble in water. The best mode of administration is to dissolve it in a little brandy, add some cold water, and drink it half an hour before the usual time for sleep. Do not use hot water, as that may decompose it. Do not give it as a powder, as it is then so slowly absorbed.

Paraldehyde causes no depression, but it is, on the whole, inferior to chloralamide, but sometimes it succeeds when chloralamide has failed. It will not relieve any great amount of pain and distress; then opium must be used. A fluid drachm may be given for a dose in at least two fluid ounces of water to ensure complete solution. It is very nasty, and is best flavoured with syrup and tincture of orange.

Sulphonal is not a cardiac depressant, but it often fails to produce sleep, and it does not relieve pain. It is very insoluble and very nasty, so on the whole it is not to be recommended.

Hyoscyamine and hyoscine have occasionally been given. We gave hyoscyamine the other day in Clinical, but both these drugs are so liable to produce severe symptoms of collapse, that they are not to be recommended.

The second group of cases that we have to consider are those in which the pain is more characteristically cardiac than in the first group. That is to say it is sharp, it is felt over the heart, and in a typical case shoots down the left arm. The dyspnœa is usually less and the distress, although it may be very great, is not so constantly present, as in the first group.

You will see in 11 bed John, a well marked case.

Usually the trouble in these cases is the pain, much more than distress. Aortic disease is a more common accompaniment than mitral, consequently the patients are usually pale, and not livid, nor are signs of backward regurgitation common. The pain is very liable to exacerbations, the patient says it stabs him in the heart, it often fails to shoot down the arm. But this description is only of a type, there are many exceptions; often patients with mitral regurgitation have attacks of pain exactly like those just described, and one of the worst cases of this kind of pain I have ever seen was in a woman with mitral constriction. No doubt many of you have said to yourselves, but this is angina pectoris, and that leads me to a point I wish to emphasize. Do not look upon angina pectoris as a distinct disease. Place all your cases in scale of degree of pain, at one end you will have a case with loud murmurs and little or no pain, at the other a case with little obvious heart disease, but intense paroxysms of pain. Angina pectoris is really only a variety of ordinary heart disease, or at any rate we may say that the connecting cases are so numerous that it is impossible to say where angina pectoris begins and organic disease of the heart ends.

This variety of cardiac pain is best treated by amyl nitrite during the paroxysms, and tabellæ nitroglycerini, or liquor trinitrini, or sodium nitrite in between the attacks. How these drugs relieve the pain we do not know. You are often taught that during the attacks the peripheral arteries are contracted, and that the pain is caused by the futile attempts of the heart to overcome this contraction, and that these drugs relieve by dilating the peripheral vessels. That they can dilate them there is no doubt, but during the attacks the vessels are not always constricted. The case in 7, Mary, showed very well that during a severe attack the vessels might be quite flaccid. Still, these nitrites do good quite independent of the state of the pulse, and you should always try them. It is very important for you to clearly make out whether the pain is paroxysmal, for the more paroxysmal it is, other things being equal, the greater is the chance that your nitrites will do good. The inhalation of nitrite of amyl often at once relieves a severe angina-like attack, but if the pain is pretty constant and the exacerbations are slight, the less is the chance that your nitrites will be of use; you then have to fall back on the remedies we have already discussed, such as opium. Nitrite of amyl is the best for the attacks. It does not much matter whether you give the tablets of nitroglycerine, or the liquor trinitrini, or the nitrite of sodium, with the object of warding them off. Sometimes, fortunately, the patient knows beforehand that he is about to have an attack; if so, the taking of one of these drugs will often avert it.

The third group of cases of cardiac distress and pain which I want you to consider are those which occur in subjects who have no organic disease of the heart. No doubt you will say these are angina, but this is not always so. Angina is very often associated with valvular disease, it is commonest in men, it is not usually associated with other neuroses, it often kills, and it is often relieved by nitrites. Our present cases have no valvular disease. They are commonest in women. They do not die during an attack, they suffer from many neuroses, and nitrites generally fail to relieve. For want of a better name you can, if you like, set them down as hysterical. The name matters little so long as you recognise them; but do let me beg of you to be careful how you diagnose them. I almost hate the term functional disease, as it leads to such slovenly diagnoses; gastric carcinoma becomes a gastric neurosis, locomotor ataxy becomes hysteria, and organic heart disease becomes a functional neurosis. But if

you will be very, very careful in your diagnosis, you can do much good in these cases, for the sufferer nearly always imagines that she has angina pectoris, which she knows is a serious and often fatal malady. Usually you are sent for in a hurry, because it is thought that the immediate attack will soon prove fatal, and you can pacify the patient and her friends very much by the assurance that the attack will soon pass off. Very often these attacks are associated with much flatulence. A good example is that of a woman, aged 68, to whom I was called in a great hurry, for, although she had been liable to attacks for more than thirty years, her friends thought that at last the fatal one had arrived. There was a strong neurotic history. She was suddenly attacked with much cardiac pain, distress and dyspnœa. She had to sit propped up, her pulse became very feeble and rapid, and her friends thought she was dying. There was no murmur, the apex was in its normal position. She was ordered a little bromide and morphine for the pain, with some peppermint oil and chloroform for the flatulence, and a little digitalis. The attack soon passed off, the flatulence disappeared and she became quite well and is so now. The friends were very astonished that she recovered. As an instance of a case in which there was no flatulence, listen to this, a middle aged woman had had the uterus and ovaries removed on account of a huge fibroid some years before. She suffers from curious subjective sensations in the wound, such as a crawling feeling, also from vaginal pruritus, she often has sick headache and is very neurotic. I saw her for bad attacks of palpitation, she was sitting propped up, passed wretched nights without any sleep. She complained of sharp pains over the heart and great dyspnœa. She upset the whole household, everybody took a most gloomy view of her case, and her sisters waited on her hand and foot. The pulse was rapid, but the apex was normal and there was no murmur. This went on for some weeks, but by dint of explaining to her that she had no organic disease, that it was not angina pectoris, as she had made up her mind it was, she at last got better, and is now very well. She can pay visits, and go to the theatre without any distress. Her medicine consisted of morphine, bromide and digitalis, but all in small doses. She found paraldehyde very useful as a sleeping draught.

To recognize these cases bear in mind the points already given, in which they differ from angina. Make sure the apex is in its normal position, and that there is no murmur, and of course no sign of backward pressure, and look out particularly for flatulence. The patient generally complains of an attack which consists of dyspnœa, great palpitation, and often a pain which is always located over the heart, and which may radiate in different directions. Sleeplessness is usually a trouble. Subjective symptoms are often present, as in a man who says he can feel that the cause of the attacks is the constriction of some internal arteries which the heart cannot open up. I suspect him of having read about nitrite of amyl. Flatulence is so common an association—possibly it is sometimes the cause—that you are likely to miss the real meaning of the cases in which it is absent.

With regard to treatment, the first thing is to make your patient fully believe that she has not got organic disease of the heart, and that the attacks are not fatal. Then, if flatulence and indigestion be present, try to relieve them. How is a difficult matter; often it is impossible, and its discussion would occupy a whole lecture, but you must especially avoid starving your patient, and also dieting her too rigorously.

Do not give nitrites; they are useless, and cause much headache. As the pulse is usually rapid, a little digitalis is very useful, for it

quiets the heart, and this has a good effect on your patient. You need not have the same fear of bromides and chloral as in organic heart disease. Frequently they do much good, and morphine is invaluable. But you must not give these drugs too long or too often, for these patients are very liable to become chloral, bromide or morphine takers, but the distress in a bad attack, not only to the patient, but her friends, is so great that a single draught or a subcutaneous injection is often quite justifiable. Chloralamide and paraldehyde are both of them useful for inducing sleep.

These patients often are very anxious to take quantities of medicine between the attacks, but you must not allow this. In proportion as she becomes convinced that the attacks are not dangerous, and in proportion as she can divert her mind from them, so will they become less frequent. They are commonest in excessively idle people.

In conclusion, let me again insist that this classification of cardiac pain and distress is arbitrary and only used for purposes of description, that the cases usually belong partly to one class and partly to another, and the subject is essentially clinical, must be studied at the bedside, and that the cases will require all your skill.

INSTRUCTION IN ANÆSTHETICS.

We print below a communication we have received from the School Authorities in regard to instruction in Anæsthetics. It cannot be denied that hitherto this subject has been greatly neglected, in so far as the great body of students is concerned. Only those at the top of the tree, those men fortunate enough to get House-Surgeon or Charity, have been able to get any real insight into the administration of Anæsthetics, and that knowledge they have obtained by their own personal and often bitter experience. Although in this department, perhaps almost more than in any other, a grain of experience is worth more than a pound of book-lore, yet it would be absurd to deny that that knowledge would be more quickly obtained, and with less danger to patient and administrator alike, if preceded and supplemented by a little practical demonstration and advice, which after all is but the embodiment of the riper experience of others. So far the plan can hardly fail to commend itself to both operating staff and students, but in Regulation *b* we see an element of danger which must, it seems to us, rapidly break up the existing state of affairs and profoundly alter the status of all surgical appointments from House-Surgeon downwards. Let us suppose a clerk giving chloroform in the theatre under the supervision of the Anæsthetist. The House-Surgeon finds his occupation gone. What does he do? Does he stand and look on with his hands in his pockets? Is it likely? The House-Surgeon naturally stands opposite the Surgeon, the House-Surgeon ties the ligatures; the House-Sugeon puts in the sutures. The *Dresser* hands the instruments and gives what other help is needed, while his colleagues literally "take a back seat," and look on from afar. This is the inevitable conclusion to which we are driven, look at it which way we will, and the conclusion is not a pleasant one. True, at other hospitals this represents the relative importance of the dresser at an operation, and the plan is found to work fairly well, but Guy's is *par excellence* a School of *Surgery*, and dressers here have had hitherto accorded to them an opportunity of acquiring a manual dexterity in operations such as they could scarcely hope to obtain anywhere else, and this privilege cannot be valued too highly. But there is really no need to interfere in any way with the functions of the Dressers. Scores of Anæsthetics are given every week down at Out-Patients. The Assistant House-Surgeon has quite enough to do without having to trouble about the Anæsthetics, and would hardly grumble at having part of the burden lifted off his shoulders, he would then be more free to supervise the minor operations, a difficult thing to do when already engaged in giving chloroform. Whilst then we would wish to express our most cordial approval of the general plan of Anæsthetic Clerkships, we would respectfully, and not in any spirit of cavilling, beg to draw the attention of the authorities to the secondary consequences involved by the adoption of Clause *b*. It does not seem quite right that in applying the maxim of "the greatest good for the greatest number," to the science Anæsthetics, the far more important Art of Practical Surgery should have the rule applied with the word "least" substituted for "greatest."

1. Each Session a course of Lectures on the principles and mode of action of Anæsthetics will be given by Mr. Bird, and three Demonstrations on the structure and use of instruments, by Dr. Silk. These Lectures and Demonstrations will be open to Students who have passed the second conjoint or its equivalent, and to Dental Students in their second year.

2. Students who have attended the Lectures and Demonstrations will be eligible for the posts of "Clerk to the Anæsthetists," under the following regulations, viz:—

a. They need not be qualified, and may hold other Hospital Appointments simultaneously.

b. They will attend in the Operating Theatre, on Tuesday and Friday afternoons, and under the supervision of one or other of the Anæsthetists, will administer to such cases as may be allotted to them for that purpose.

c. They will also attend in the Dental Extraction Rooms on such Thursday mornings as the Assistant Anæsthetists shall appoint, and will administer, Nitrous Oxide in a certain number of cases.

d. They will keep records of their cases in books provided for that purpose.

e. They will only be on duty while one or other of the Anæsthetists is present, and must not administer in their absence.

3. Four clerks will be appointed on July 1st, and each will hold office until he has administered to at least 10 cases, or to as many more as the Anæsthetists may think necessary. Vacancies will be filled up from time to time from a list kept in the Medical School Office.

4. Certificates of having held these posts, signed by the Anæsthetist and Assistant Anæsthetists will be granted on application.

5. On and after January 1st, 1893, a certificate of having held one of these clerkships will be required from candidates for the following posts, viz:—

House-Physician. Assistant House-Physician.
House-Surgeon. Assistant House-Surgeon.
Obstetric Resident (Senior and Junior).

Guy's Hospital,
February 17th, 1892.

Hospital News.

IN THE WARDS.

Under Dr. Taylor.

Stephen 2.—The ataxic paraplegia in this case has made great improvement with 30 grs. of pot. iod. daily. So far from paraplegic symptoms developing in addition to the ataxia for which he came in, what signs there were of their oncome have cleared off and the ataxia itself is greatly diminished. If it were not for the fact that ataxic paraplegia very often does improve remarkably at intervals in a long course, ending in the complete development of the disease, this might tempt one to suppose some specific or inflammatory lesion involving the posterior and lateral columns as the cause of the symptoms.

Stephen 4.—Possibly a case of what old writers called "Phthisis ab Hæmoptyse," but without at present the physical signs of phthisis. There is the usual injury to account for the broken blood-vessel.

Stephen 9.—Diabetes, boils, dry skin, abdominal pain, diarrhœa. Signs of oncoming coma were detected on admission, but have not further developed.

Stephen 12.—This case will interest those who heard or read Dr. Wilks' paper on Forms of Epilepsy in which there is no loss of consciousness. J. B., æt. 40, admitted for tinnitus aurium, vertigo and vomiting, which came on in attacks lasting for a day or two, is set down as a case of Menière's disease. These attacks have shown a most submissive spirit under treatment with bromide. When they threaten, an extra dose is given and they pass off. It is interesting too to observe their relation to digestive disturbance. Pain after food has been constant when the attacks have been worst, though it may be only a coincidence that the two first attacks were on two successive Christmas Days in the afternoon.

Stephen 15.—Nephritis: no history of trouble till three weeks ago. Urine, however, is abundant and of low specific gravity. Evidence of gout or plumbism cannot be obtained.

Stephen 17.—This case of double abductor paralysis of the larynx has developed extreme hoarseness, while the paralysis is clearing up under injections of liq. strychninæ ♏. iv. Affection of the voice is irregular in this condition. The back of the tongue and fauces are much injected, possibly reactionary dilatation after cocaine. Has this anything to do with the hoarseness?

Under Dr. Goodhart.

Philip	1	Diabetes mellitus. Cataract of left eye. ? Recovery from coma.
	8	Aortic systolic and cirrhosis of liver, with hæmorrhages. Syphilitic history.
	15	Dilated stomach. ? Pyloric obstruction.
	18	Jaundice. ? Malignant disease.
Mary	14	Severe osteo-arthritis.
	15	? Pernicious anæmia. ? Ulcerative endocarditis.
	19	? Bronchiectasis. ? Empyema. Resulting from the inspiration of a clove.
	21	Alcoholic neuritis.

Under Mr. Davies Colley.

Lydia 3.—F., æt. 38, unmarried. Influenza seven weeks ago, followed by menorrhagia and vomiting. On admission, well-defined tumour, size of orange, can be felt two inches below umbilicus—fluctuates. On V.E., fulness can be detected on right side of vagina, with fluctuation wave to abdominal swelling. Uterus freely movable. Patient has little pain.

Lydia 6.—F., æt. 18. Lupus of nose and gums, hard palate, upper lip and right eyelid; tubercles well marked on palate. Perforation size of sixpence through right ala of nose. Seven years' history. Koch's treatment, &c., has been tried, but nothing seems to answer so well as scraping.

Luke 4.—M., æt. 20. Swelling outer side right elbow; slightly raised, 2½ inches in diameter; skin normal; does not communicate with joint; fluctuates; no pain. Patient gives indefinite history of weakness in right elbow, which he says used to swell when he used his arm more than usual. On operation, proved to be a blood cyst; probably a deep-seated nævus which had degenerated. Patient doing well under treatment.

Luke 6.—M., æt. 52. Large swelling right side of neck and lower part of cheek, from half inch below mastoid to two inches above clavicle; measures 6 by 6 by 5 inches. Skin implicated; separate nodule in front of large swelling. Trouble began five months ago with slight dyspnœa, which is now rather troublesome, but patient can still take solid food. Diagnosis seems to be epithelioma of glands of neck, secondary to œsophagus. Treated with mist. pot. iod. and injections of pykotannin, 1 in 500.

Under Mr. Golding-Bird.

Martha 12.—P., age 64, admitted for tumour in right hypochondriac region. Tumour first noticed in June, 1891: has been continuously growing. Situated at from 7th to 9th costal cartilages. When seen some few weeks ago was distinctly anterior to the cartilages, but, on admission, seemed to "curve round behind them."

The tumour was made out to be "hard to define," firm, non-fluctuating: skin over it freely movable. It did not move with respiration.

On 14th an exploratory incision was made. On cutting through the fat, fluctuation was easily obtained and a straw-coloured fluid (soon becoming blood-stained) drawn off. As the tumour now appeared distinctly circumscribed, it was decided to proceed with the operation, and the mass was enucleated without much difficulty. It was found to be attached to 7th to 9th cartilages, to be distinctly encapsuled and lobulated, and on section proved to be a myxo-enchondroma, the section presenting the appearance of an irregular series of intersecting cartilaginous bars enclosing spaces filled with mucoid material.

It will be seen, therefore, that the physical characters were almost entirely obscured by the large amount of fat anterior to the tumour.

Clinical.

In John 2 is a case of hæmatemesis. G. S., æt. 67. Day before admission he vomited blood, and brought up a porringer full in the surgery. He has had pain in the epigastrium for six or seven months and loss of flesh for the last month or two. No history of excessive drink. Pulse rather hard. Urine 1020. No albumen.

John 11.—Chas. H., æt. 16, admitted March 7th for diabetes. He has been treated at out-patients' for phthisis for nearly five weeks. Maternal grandfather died of diabetes. There are maculæ on the arms and legs and a tendency to drowsiness. No knee jerks. 4665 grs. of sugar per diem.

John 4.—Wm. F., æt. 15. Injury to the head last November. Directly after this he had a fit and was ill for six weeks. Next fit was on March 6th, and he has had three or four a day since. Has had no fit since he has been in the Hospital. He is probably neurotic.

John 7.—Saml. L., æt. 11. Six weeks ago he was attacked with pain in the side, and he then had a rigor. On admission, heart was beating to the right of the sternum, and could not be felt at all on the left. Dulness over the left chest. Aspirated immediately, 44 ozs. of fluid drawn off.

The temperature has since kept up, sometimes to 104 in the evening. The tongue is thickly furred on the dorsum with white fur, except in the middle line, where it is red and dry. Spleen is readily felt ? Typhoid.

John 5.—Edw. Hy. M., æt. 22. Aortic and mitral disease with asthmatic attacks at night.

In John 4 was a very interesting case of diabetic gangrene of the left middle toe. He also had profuse diarrhœa and a stricture of the urethra with cystitis. He was transferred to Samaritan, and under opium the diarrhœa ceased. He gradually got more drowsy, and on the 11th was in deep coma. O ij ss. of ·75 per cent. sol. of bicarbonate of soda were injected in the median basilic, but without effect. The reducing substance in the urine corresponded to 9 grs. of sugar per ℥j. Post-mortem, ascending nephritis was found, and pigmentary degeneration of the cardiac muscle. What was the coma due to?

1. It might have been due to the septic condition of the blood, from the suppuration in the kidneys.

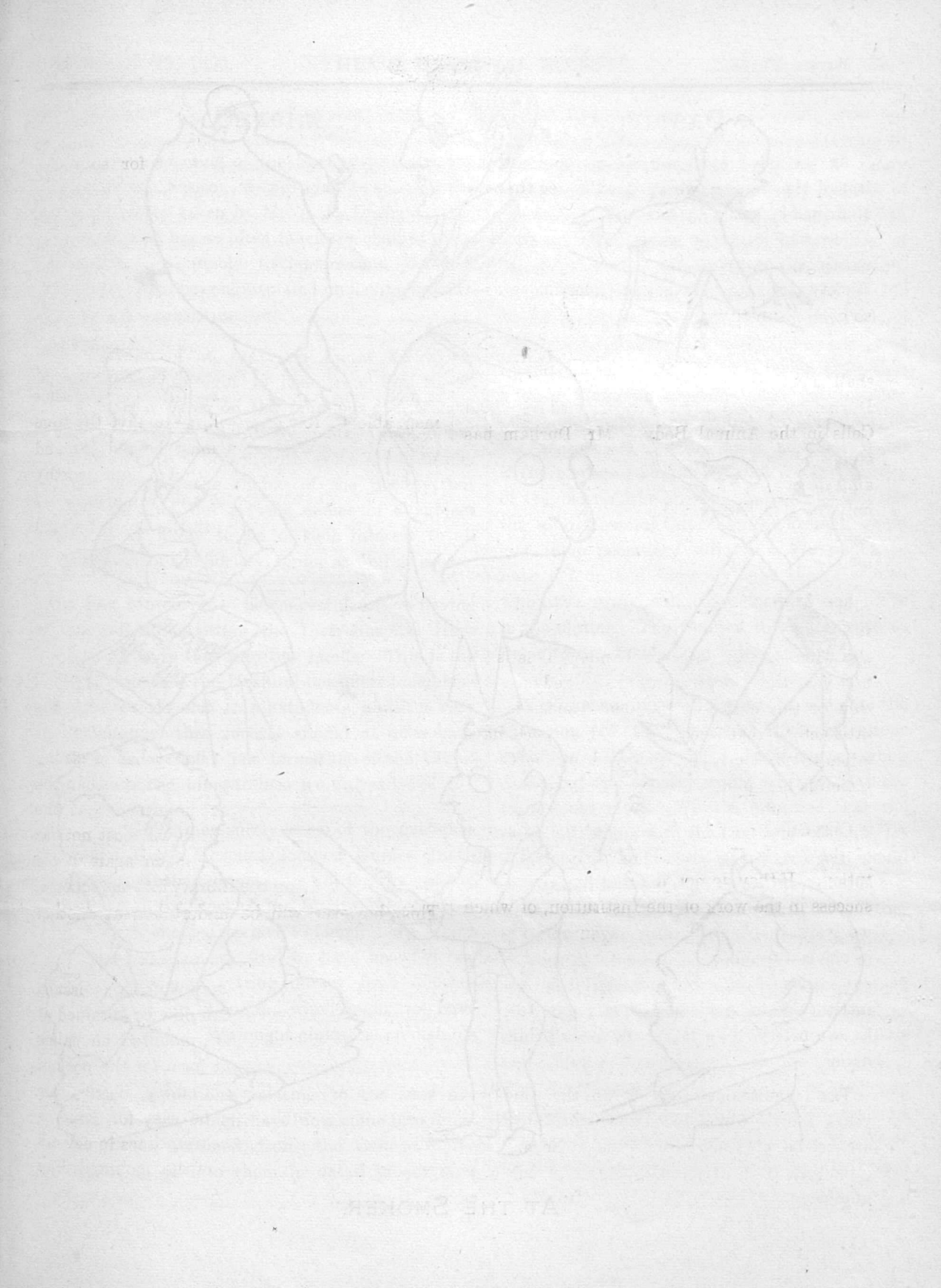
2. Or to the opium, administered to a patient with such bad kidneys. The pupils were contracted.

3. Or to diabetes. Dr. Perry thought that the gangrene was evidently diabetic, though the alkaline solution did not restore consciousness, as it usually does, for a time.

Miriam 19.—Is a woman, æt. 51, who swallowed three pennyworth (℈ iij to ʒ iij) of white precipitate; she was afterwards sick, and had pain in the stomach and headache. She was given an emetic. Afterwards she became salivated; had ulceration of the gums, fœtor of the breath, loosening of the teeth, and a blue line. Was given a mouth-wash of myrrh and rhatany. She was suffering from suicidal despondency, associated with the climacteric.

Miriam 21, was Florence F., æt. 15, a typical case of general tuberculosis. Clinically, the symptoms were due to meningitis. Mother died of phthisis, and another child probably from meningitis. A tubercle was discovered in the right choroid. Both optic discs swollen; retinal veins dilated and turgid; before death dim margin of optic discs, and there was ptosis of the left upper lid. There was only a history of one week's illness on admission, March 10, and of three days' vomiting. There was continuous pyrexia and drowsiness. The day before the fatal termination (March 13), total paralysis of the left third nerve and ptosis of the right eye was observed. Bilateral general convulsions before death. Post-mortem, tubercular meningitis; left third nerve embedded in lymph; tubercle of the lungs, liver, spleen and kidneys. A caseous bronchial gland was probably the starting point of the recent mischief.

A yellow tubercle in right choroid, as seen during life; in left choroid, four small grey tubercles were found post-mortem.



"At the Smoker."

Passim.

At the meeting of the Society to-night, the last of the Session, we are glad to see that the chair will be taken by Mr. A. E. Durham. Dr. Wilks, who has so often taken the chair at these meetings, is unable to be present, but the Society is to be congratulated on having secured so good a substitute.

Instead of an essay on Fœtal Relics, we shall meet to-night to hear from Mr. H. E. Durham a paper on the functions of Amœboid Cells in the Animal Body. Mr. Durham has stepped into a breach with great promptitude, and deserves the thanks of the Society, not only for this, but for the choice of a subject which is likely to be of such interest to all members of the Society, junior as well as senior.

Mr. Munro is to be congratulated on having succeeded in getting the Inter-Hospital Hare and Hounds Cup into our hands. This is the first year that the Hospital has offered membership of this club to all students, and it is very satisfactory that success should at once have fallen to our lot. The formation of the Clubs' Union is beginning to bear fruit already.

Old Guy's men surely know of the existence of the Guy's Hospital Trained Nurses' Institution. If they do not, it is not for any want of success in the work of the Institution, of which we were enabled to give so favourable a report in our last number. But we have heard of one old Guy's man getting nurses from another institution in London, who ought to have known better. We ought almost to publish his name.

The regulations relating to the new five years' course, which have now come into force, are to be obtained from the College. We intend to go into them in detail in our next number.

The Rowing Club, we are told, was not included in the amalgamation scheme, owing to the expense of obtaining boats for so many hours each week for any and every member of the Union who chose to go to Putney and ask for one. This which has been the privilege of members of the Rowing Club, the Union obviously were right in not attempting to provide for its members. But we believe the Council did not intend to be deaf to all claims advanced by the Rowing Club. It is quite possible that if some energetic organizer can get together men able to row and willing to give the time for practising (and there must be plenty), and if there is some guarantee that a four worthy of Guy's would be entered and would row for the Inter-Hospital Cup, then the Council would give them pecuniary support. We ought to have a four, and sincerely hope that the men who have rowed will come forward and move in the matter. The Council would be sure to listen to reasonable proposals.

A correspondent who writes to advocate the extension of the electrical communications with the Lodge to the Library has a strong case; but the expense would be more than the Club could meet. We are informed that the communications with the Club will cost not far short of £50, and nearly as much again would be required to bring the Library into the scheme. This, however, will be undertaken at another time, we hope.

A few copies of the map which was issued with the last Gazette can now be obtained at the Medical School Office, mounted on calico and folded in a convenient form for the pocket. The boundaries of the Charity district are marked on it, and it will be easy for Externs who use it to mark out the tram lines in colours for themselves. The cost of the mounted map is 1s.

A FULL account of the Gymnastic and Boxing competition will appear in the next number.

A NEW font and a new altar have been added to the Chapel.

THE font is the gift of Miss Edith Oldham, late Sister Ruth. It is an almost exact copy of one which may be seen in the South Kensington Museum, where it is marked "Italian, 16th century." It is made of pure white statutary marble, in classical style, and forms a most useful and beautiful addition to the Chapel.

THE altar is of oak, and only requires a little gilding and colour about it to complete it. It has two gradines rising above it, and on the face of the lower one is carved an Agnus Dei, with the words Lux and Spes on the left, and the words Vita and Pax on its right. The cost has been met out of the offertory fund.

BOTH font and altar are the work of Mr. Edward Tattersall of Southampton Row.

CLINICAL LECTURE BY DR. GOODHART.

DIPHTHERIA.

Two cases of the disease in Clinical Ward were used to illustrate a lecture dealing with some points in connection with the symptoms, ætiology and treatment of diphtheria.

The first was that of a student, who for four days previous to his attack had been in attendance on a fatal case of croup. He had once incautiously smelt and touched his nose with the tracheotomy tube used. He was now, on the fifteenth day of the disease, getting well.

The second case, a child aged 3, had been brought up to the Hospital, with much difficulty of breathing. A day later tracheotomy had been performed, and some shreds of membrane had come through the tube. The child had since (it was now the twelfth day after tracheotomy) been getting on well.*

The usual symptoms of diphtheria are (1) membrane on the fauces, (2) fever, (3) albuminuria, (4) paralysis, (5) rash. The lecturer proceeded to discuss these in detail.

With regard to membrane, this is not always present, nor when present always visible. A child was brought to Dr. Goodhart suffering from malaise and a slight, apparently unimportant, glairy discharge from the nose; the illness from which this patient was suffering was not diagnosed until some of the other children in the house were attacked by diphtheria. The lecturer surmised that in this case the membrane in the naso-pharynx was hidden by the soft palate, and gave a caution as to the difficulty of diagnosis in such cases. The earliest condition in the case of the student in Clinical Ward showed no membrane, but acute suppuration of one tonsil, the surface of which had all the appearance of an abscess having opened, the adjacent edges shewing points of suppuration something like a miniature carbuncle. Sometimes the disease manifests itself in the form of a deep ulcer on the tonsil, attended by a good deal of sloughing.

The most serious form of diphtheria, sometimes fatal within 24 hours, is shown by a condition of things that had been aptly described as "putrid sore throat"; in this condition the fauces and pharynx look like raw beef, and exhale a horrid fœtor, there is rapidly oncoming pallor and, unlike most diphtheritic throats, this leads to rapid enlargement of the cervical glands, and diffuse cellulitis of the neck. Cases presenting such an appearance, membrane being entirely absent, may easily lead to serious mistake if the attention be concentrated on the throat and the general symptoms are disregarded.

For example, a girl of about eleven years of age was attacked with a throat of this kind,

* Convalescence has since been continuing fairly satisfactorily in both these cases.

and the medical man, seeing no membrane, I suppose, assured the friends that it was not diphtheria. And let me say in passing I am not blaming the doctor, for it is certain that in daily attendance on cases, the acuteness of our perception of changing circumstances and conditions becomes only too readily blunted. When I saw this child there was the extreme pallor, the diffuse swelling of the neck, the carrion smell—all telling to an outsider not only that it was diphtheria, but that it was that disease in the most virulent form, and that the patient had but a few hours to live. The mother and a sister had been allowed to minister to the patient and to kiss her, and both took the disease and both died.

There are infective sore throats of several grades, and they form an important group of cases. At first they cannot be diagnosed, and in all doubtful cases the patients must be isolated.

As a general rule the simple, the rheumatic, or the quinsey-like sore throat is not associated with much glandular enlargement. With ordinary cases of diphtheria the glands are hardened rather than enlarged, though putrid sore throat is accompanied by a diffused cellulitis in the neck.*

In an epidemic of diphtheria at a school, very few of the children had membrane on the fauces; a large number suffered from a diffuse, fleshy thickening and ulceration of the tonsils and fauces, and in a great many of them the glandular hardening was striking.

Diphtheritic paralysis is either (1) early or (2) late. Early paralysis occurs in two forms and is most dangerous: in the one the heart is attacked, the pulse becomes sometimes rapid, more usually irregular and slow, beating 40, 30 or 20 to the minute, and though, when the symptom is observed, the child may be up and playing with its toys, it quickly dies. In the other the paralysis affects the nerves of the stomach, and in the second or third week of an attack attended perhaps with slight albuminuria; obstinate and persistent vomiting comes on and is soon fatal.

This gastric complication, though not common, is most grave in the matter of prognosis. A case was related in which there had been a good deal of membrane, yet all went well for three weeks, when vomiting—obstinate vomiting—set in, and led to death in eight or ten days. It is perhaps best regarded as some obscure disturbance of the gastric nerves; some have thought that it should be put down to kidney mischief. In the case cited, however, there was but slight albuminuria.

From late paralysis, now generally supposed to be due to a peripheral neuritis, many, perhaps most, recover. A case with little or no constitutional illness may be followed by severe paralysis.

The period of incubation is from two to eight days (commonly three). Children with a case of diphtheria in their home must stop away from school so long as they are still living in the same house, and if they are removed, for a week afterwards, lest they may be incubating the disease.

A child, if quite well after diphtheria, may go among his associates three weeks after the disappearance of the membrane; but care must be exercised that all ulceration is healed, and that the nostrils and posterior nares give no evidence of lurking disease.

Here comes the question as to whether diphtheria is linked on to other diseases, *e.g.*, scarlatina; by the way rashes are very rare in diphtheria, and it is very questionable whether

* In his work on the "Diseases of Children," Dr. Goodhart says: "I would insist particularly upon the *hardness* of the glands at the angle of the jaw in diphtheria, as it is often a most characteristic feature. . . In this disease, perhaps alone of all the contagious febrile diseases, the spleen wants the pulpiness, which is one of their chief characteristics. The spleen of diphtheria is almost always moderately firm, but I have not had the opportunity of examining many cases of the virulent pharyngeal form."

cases in which an exanthem occurs are not scarlatina in reality.

Again, cases of measles often get membranous croup; it is thought that different poisons may lead on to diphtheria, or that diphtheria may graft itself on to other noxious agents.

Are there two forms of croup—a diphtheritic and a non-diphtheritic? Practically such a distinction does not help much. Diphtheritic croup has been considered as an asthenic disease which may be complicated with paralysis and albuminuria, whereas simple croup is said to be sthenic and is without the above sequelæ.

When the case is certainly one of diphtheria there is probably some difference in this respect according as the fauces are implicated or not; the former condition being associated with want of power and exhaustion, which is often absent in the latter. Dr. Goodhart gave this advice regarding the distinction between the two forms —*always assume the presence of diphtheria and treat it accordingly.*

As to whether the disease was a local or general one, the lecturer thought that cases differed very much, and the question was one of degree. Some cases were almost entirely local, some constitutional or rapidly becoming so.

There seems to be a tendency for the tonsils, &c., to become affected. Thus, in the case of a well-known surgeon who pricked his finger while attending a case of diphtheria, a pustule formed, and in a day or two membrane appeared on the tonsils. This may have been due, of course, to direct infection of throat, but the inference is that the latter was contaminated by the blood. In a large number of cases the symptoms are strictly local, as happened in a clinical clerk here some years ago, who presented the thickest plaque of membrane that Dr. Goodhart had ever seen. Yet the patient felt well until some weeks after the membrane had disappeared, when faucial paralysis set in; discomfort from this source lasted 12 months.

The cause of the disease was probably a micro-organism; not so much was thought now-a-days of the influence of defective drains; but in the causation of diphtheria the effect of bad sanitation and damp soil was marked.

A particular school built close to a stream has been subject to outbreaks of the disease, and it is not unlikely that the dampness arising from this cause may have had something to do with the outbreaks. Cases have occurred in new houses in which the walls were not yet dry. *Drains* are not to be forgotten, for bad drains are a fertile source of infective sore throats: case after case of bad sore throat has occurred in particular houses, to become unknown after the drains have been put to rights. Another of the evil effects of bad drains is shewn by enlarged glands, which are often assumed to be strumous without any just warrant. A case was cited in which, no local cause being discovered (tonsils, teeth, &c.), a child was thus ticketed: but months after, the room the child inhabited was found to be blessed with the termination of a drain ventilating shaft close outside the window. The fact that the child was always well when away from home was thus easily explained.

Prognosis should be cautious, for there is danger until the patient is well, even though there may be curiously few symptoms. A child may be playing with its toys, and yet have membrane and a slow pulse. Signs of failure of pulse, of vomiting, of paralysis, are all serious. Albuminuria is also important, especially if it appears after two or three weeks.

If the throat condition is very bad and there is much albumen, serious results are to be expected. Again, great œdema about the cervical glands shews that there is blood poisoning. Even when a case appears to be

progressing extremely satisfactorily, you must never be sure that cure will result, for albumin uria or refusal of food may set in. In fact, for three or four weeks the outlook is extremely anxious, and even then paralysis may arise.

As regards *Treatment*, lately Moxon Turner has said that *paraffin oil** appeared to do good when locally applied—possibly it acts as an antiseptic. Dr. Goodhart has tried it and seen it tried in several cases, and the result has certainly been good. Some authorities like the old-fashioned application of sulphur, powdered sulphur being blown over the fauces several times a day. It must be constantly borne in mind that if painting the fauces causes much struggling it may do more harm than good. When the throat is raw after separation of the membrane Sir Morell Mackenzie has recommended Tr. Benzoinæ Co. which forms a sort of varnish, and enables the taking of food with comfort. The spray consisting of carbolic acid, glycerine, and iodine is often useful, and as a rule children bear the spray better than painting. (Both of these resources were used in the case of the child).

A simple local application which gives comfort and is liked by children, is glycerine saturated with borax. Internally, the more important remedies are iron and wine.

Jacoby, of New York, has recommended the Liq. Hydrarg. Perchlor. in large doses, but Dr. Goodhart did not consider that cases treated by it showed any advantage over those treated otherwise. There is one drug of great importance, if the pulse drops, fails and flickers—hypodermic administration of strychnine is of the greatest value, ♏. or more, repeated as often as necessary, being given. Tracheotomy is only to be resorted to when absolutely necessary and choking is imminent; it increases the gravity of prognosis.

* This was used in both the cases (Mr. Turner and a child) which formed the excuse for the lecture.

SMOKING CONCERT.

For both quantity and quality last Saturday's was the best "Smoker" we have had at Guy's for many a long day. A room, crammed to its utmost sitting and even standing accommodation, overflowed with equal volumes of tobacco-smoke and thunderous applause. If your correspondent were to give the number of men he counted in the room, I am afraid he would be accused of dinner and double-vision, suffice it that they were as the sands of the sea-shore for multitude. A table d'hôte dinner was served in the Hall, as is usual on these occasions; how it is done at the price is best known to Mr. Batten. We congratulate him on his artistic menu, which was embellished with little cuts of odd corners of the Hospital; the old sundial, which is now such a grim standing mockery; the bit of old London Bridge now inseparably associated with photography, and a view of the towers of Hunt's house, viewed through the trees, which must surely have been idealized. Messrs. Handson, Lidderdale, Van Someren and Spon had the onus of setting the ball rolling. That Messrs. Coulson and Spurrell maintained their reputations goes without saying, while Mr. H. E. Durham recited the touching story of the Mermaid "mit noddings on," with all due modesty behind an opened umbrella. Mr. C. H. Oram made his début so far as Guy's is concerned, but unless we be mistaken, this is not by any means the first time he has faced an audience, and secured a well-deserved encore. It was only by a supreme effort that Mr. A. S. Wohlmann was able to keep his immense chorus in hand, for the chorus of "To-morrow will be Friday" sets everyone off, whether he will or no. Mr. Lulham, now pathetic, now comically sarcastic, always clever, kept his audience at his finger tips until half time, when a ten minutes' interval was announced for fresh air and stretching of stiff limbs. When the second and comic half of the programme was started the fun began to wax fast and furious, and the hammer of the chairman, Mr. A. S. Wohlmann, had little rest. Needless to say that such well-known comics as Messrs. Allport, Layman, and "Frank Morton," did prodigies, probably their names on the programme had much to do with the fulness of the house. One of Mr. Layman's songs contained an interpolated verse, concerning the football team and the "Referee," written for the occasion by a local poet. There were loud cries for "Author! Author!" but that gentleman being naturally of a modest and retiring disposition, declined to come out of his shell. Mr. G. M. Pratt gave a very clever recitation which "went down well;" but the chief honours of the evening were reserved for Mr. W. Treen, whose pantomime in "The Shopwalker" was irresistibly funny, and ever since one hears at odd corners of the Hospital the refrain of his song "he died" shot forth with praiseworthy but painful attempts to reach the final falsetto note.

THE "FIRST COLLEGE."

In the new synopsis of subjects for this examination we observe, under the head of Inorganic Chemistry, the addition of borax and boric acid; and the nitrates of sodium potassium, ammonium, barium, bismuth, mercury, and silver under the head of Practical Chemistry; silver is added to the list of metals to be identified, and hydrocyanic acid and its salts to that of organic substances.

Under the head of Practical Pharmacy there are a great many alterations, too many to pick out. Candidates are cautioned that they *must* provide themselves with the new synopsis.

Under the new head of Elementary Biology we find—

1. Chemical composition and properties of protoplasm, nature of cells, cell division, outlines of cell structure of chief tissues of plants and animals, fertilization and the early stages of development.

2. Unicellular organisms, outlines of organization, and life history of amœba, gregarina, vorticella, yeast plant, bacteria, protococcus and glœocapsa.

3. Chief differences between plants and animals.

4. Anatomy, life history, and embryology of hydra.

5. Anatomy and life history of the leech, liverfluke, tape worms, and round worms.

6. General and distinctive characters of vertebrate animals.

7. Comparison of man's structure with that of other mammalia.

The old head of Elementary Physiology is omitted, but under that of Elementary Anatomy there is nothing new.

"SURGEONS' HALL."

Describing Roderick Random's examination to some friends at the Club the other day, I was delighted to find my account from that excellent novel meet with such a good reception. Dr. Smollett would surely have been flattered had he heard the patronizing remark, "It's good enough for the Gazette," elicited from one of them—a great compliment in these days of Kiplings, Haggards, and other literary giants. In spite of the remark from a gentleman engrossed in the *Pick-me-up* that he was surprised I "wallowed in such an author," I venture to reproduce the original, which I believe to be a not overdrawn picture of what occurred at "the college" when that august institution partook more of barber surgeons' business than of the university.

"I preserved my half-guinea entire till the day of the examination, when I went with a quaking heart to Surgeons' Hall in order to undergo that ceremony. * * * At that instant a young fellow came out from the place of examination with a pale countenance, his lip quivering, and his looks as wild as if he had seen a ghost. He no sooner appeared than we all flocked about him with the utmost eagerness to know what reception he had met with, which, after some pause, he described, recounting all the questions they had asked, with the answers he made. In this manner we obliged no less than twelve to recapitulate, which, now the danger was passed, they did with pleasure, before it fell to my lot.

"At length the beadle called my name, with a voice that made me tremble as much as if it had been the sound of the last trumpet. However, there was no remedy: I was conducted into a large hall, where I saw about a dozen of grim faces sitting at a long table, one of whom bade me come forward, in such an imperious tone that I was actually for a minute or two bereft of my senses.

"The first question he put to me was, 'Where was you born?' To which I answered, 'In Scotland.' 'In Scotland,' said he; 'I know that very well: we have scarce any other countrymen to examine here. You Scotchmen have overspread us of late as the locusts did Egypt. I ask you in what part of Scotland was you born?' I named the place of my nativity, which he had never before heard of; he then proceeded to interrogate me about my age, the town where I served my time, with the term of my apprenticeship; and when I informed him that I served three years only, he fell into a violent passion; swore it was a shame and a scandal to send such raw boys into the world as surgeons; that it was a great presumption in me, and an affront upon the English, to pretend to sufficient skill in my business, having served so short a time, when every apprentice in England was bound to serve seven years at least; that my friends would have done better if they had made me a weaver or shoemaker, but their pride would have me a gentleman, he supposed, at any rate, and their poverty could not afford the necessary education. This exordium did not at all contribute to the recovery of my spirits, but, on the contrary, reduced me to such a situation that I was scarce able to stand; which being perceived by a plump gentleman who sat opposite to me, with a skull before him, he said Mr. Snarler was too severe on the young man; and turning towards me, told me I need not be afraid, for nobody would do me any harm; then bidding me take time to recollect myself, he examined me touching the operation of the trepan, and was well satisfied with my answers. The next person who questioned me was a wag who began by asking if I had ever seen amputation performed, and I replying in the affirmative, he shook his head and said, 'What! upon a dead subject, I suppose?' 'If,' continued he, 'during an engagement at sea, a man was brought to you with his head shot off, how would you behave?" After some hesitation, I owned such a case had never come under my observation; neither did I remember to have seen any method of cure proposed for such an accident in any system of surgery I had perused. * * *

"The facetious member, encouraged by the success of his last joke, went on thus: 'Suppose you was called to see a patient of a plethoric habit, who had been bruised by a fall, what would you do?' I answered, 'I would bleed him immediately.' 'What!' said he, 'before you had tied up his arm?' But this stroke of wit not

answering his expectation, he desired me to advance to the gentleman who sat next to him ; and who, with a pert air, asked what method of cure I would follow in wounds of the intestines. I repeated the method of cure as it is prescribed in the best chirurgical writers, which he heard to an end, and then said, with a supercilious smile, 'So you think, by such treatment, the patient might recover?' I told him I saw nothing to make me think otherwise. 'That may be,' resumed he, 'I won't answer for your foresight; but did you ever know a case of this kind succeed?' I acknowledged I did not, and was about to tell him I had never seen a wounded intestine, but he stopped me by saying, with some precipitation, 'Nor never will. I affirm that all wounds of the intestines, whether great or small, are mortal.' 'Pardon me, brother,' says the fat gentleman, 'there is very good authority——' Here he was interrupted by the other with, 'Sir, excuse me, I despise all authority. *Nullius in verba*, I stand on my own bottom.' 'But, sir,' replied his antagonist, 'the reason of the thing shows——' 'A fig for reason,' cried the sufficient member; 'I laugh at reason—give me ocular demonstration.' The corpulent gentleman began to wax warm, and observed that no man, acquainted with the anatomy of the parts, would advance such an extravagant assertion. This innuendo enraged the other so much, that he started up, and, in a furious tone exclaimed, 'What, sir! do you question my knowledge in anatomy?'

"By this time all the examiners had espoused the opinion of one or the other of the disputants, and raised their voices all together, when the chairman commanded silence and ordered me to withdraw. In less than a quarter of an hour I was called in again, received my qualification sealed up, and was ordered to pay five shillings. I laid down my half-guinea on the table, and stood some time, until one of them bade me begone; to this I replied, 'I will when I have got my change.' Upon which, another threw me five shillings and sixpence, saying I should not be a true Scotchman if I went away without my change. I was afterwards obliged to give three shillings and sixpence to the beadle, and a shilling to the old woman who swept the hall."

How delightful, in these days of high pressure examinations, nine o'clock lectures and mathematical midwifery, to turn, if only for a few moments, and contemplate things as they were in the time of our grandfathers. College examiners do not, unfortunately, in our days divert us by their squabbles; nor do they torture us so economically as they did, although their partiality for our money remains the same as in the student days of Dr. Smollett.

A. P. A.

NOTICE TO CORRESPONDENTS.

The Editors wish it to be understood no communications can be inserted which are not guaranteed by the name of the sender. All articles must be written on one side of the paper only.

Correspondence.

To the Editor of Guy's Hospital Gazette.

Dear Sir,—May I venture to suggest that it might be a good thing if we were to follow the example of some other Hospitals in having a box fixed in the Colonnade for newspapers, &c., for the patients? I am sure many of us would contribute papers to it.—I am, yours truly,

H. F.

Dear Sir,—The end of the term is approaching, and next Saturday evening the Physical Society will hold its last meeting. The attendance at the meetings of this learned Society during the last session has, I should think, been considered fair, but no one at those meetings can have escaped noticing the small number of 1st and 2nd years' men present. I feel sure that this has been due to the fact that there was very little to interest them there, the subjects of discussion being, in most cases, far above their heads. Don't you think, Sir, it would be beneficial if a branch of the Physical Society could be formed which should take the shape of a Debating Society, and so enable such men to meet together to discuss matters of every-day interest, to help them to conquer their great foe "nervousness," and so give them more ease in speaking on subjects of such vital importance as are brought before the present Physical Society. I know of several junior men, including myself, who would be only too pleased to have such an opportunity of improving themselves offered to them, and who would do all they could to promote the success of such a Society.

In view of arrangements being made for the next winter session, I trust this proposal will meet with the consideration of the Presidents.—I am, dear Sir, yours truly,

PROGRESSIVIST.

NOTES FROM THE DISPENSARY.

Essentia Malti (Kepler).—For many years Kepler's Extract of Malt, prepared by Messrs. Burroughs, Wellcome & Co., Snow Hill Buildings, London, E.C., has been used at Guy's, and given satisfaction. This enterprising firm has just introduced a liquid preparation of malt, which is stated to be virtually a saturated solution of diastase, and the natural phosphates of barley malt. It is a clear syrupy liquid, with a pleasant sweet taste, and mixes readily with water. There can be no doubt as to its high diastasic power, for we find that 50 grains of wheat-starch are converted in about five minutes by 50 minims of this essence; that is, the starchy liquid loses its violet colouration in this time. We are of opinion that this essence will be found more agreeable to take than the ordinary thick extract, and that it may be taken longer without causing distaste. When the essence is mixed with milk, or even water, it makes a very pleasant drink.

Glycerinum Pepticum.—This is a most excellent preparation, made by Messrs. Burroughs, Wellcome & Co., Snow Hill Buildings, E.C. It is a highly concentrated solution of very active pepsine; the statement that 12 minims of it will completely digest 25,000 grains of finely comminuted albumen we find to be perfectly correct. The dose is only 5 to 15 minims, so that it is a much more powerful preparation than the G.H.P. Glycerinum Pepsin Acidum, which is given in doses of one or two fluid drachms.

H. COLLIER.

Sport.

UNITED HOSPITALS HARE AND HOUNDS CLUB.

THE RACE FOR THE CHALLENGE CUP.

Victory of Guy's.

The Challenge Cup contest was decided this year on Saturday, March 5th, only three hospitals—Bart.'s (holders), Mary's, and Guy's—sending up teams. The trail was laid by W. H. Kenrick (London), over the usual long distance course, which was in very bad condition after the recent frost and snow.

A start was made at 4.15, when Wilde and Munro at once went to the front, and they maintained the lead to the finish, keeping close together till the water jump, after which Munro quickened, and gaining a lead of about a hundred yards, retained it to the end. A. Hay (Bart.'s) was third, about three minutes behind Wilde, with Tresidder close on him. Wilmot came fifth, only a short distance behind Tresidder; the complete order being—H. A. Munro (Guy's), 1st; A. N. Wilde (Bart.'s), 2nd; A. Hay (Bart.'s), 3rd; M. E. Tresidder (Guy's), 4th; P. Wilmot (Guy's), 5th; G. E. Mould (St. Mary's), 6th; J. W. Eastment (Guy's), 7th; P. G. Mould (Mary's), 8th; H. W. Dudgeon (Guy's), 9th; A. Ellerton (Mary's), 10th; W. B. Mercer (Bart.'s).

The late Secretary, W. B. Mercer (Bart.'s), was unfortunately ill, and consequently unable to complete the course. Had he been in condition, the finish between Guy's and Bart.'s would have been very close. As it was, Guy's were easily victorious, their first three men only numbering ten between them.

Of our men, Tresidder is especially to be congratulated on the excellence of his running. If he had known the course, and had not been advised to keep back in the early part of the race, he would probably have come home even sooner than he did. If he can be induced to keep in condition he should prove a useful three miles next summer. Wilmot, although he ran well, was disappointing, as he did not come through his men in the last two miles as he could have done with a little harder training. Neither Eastment nor Dudgeon were fit, and the latter lost a place by not knowing where the finish was to be.

It is hoped that our winning the Cup this year will be an incentive to Guy's men to turn up more regularly at the weekly runs next season.

As most of our team will still be eligible next year, there seems every prospect of our retaining the Cup.

APPOINTMENTS.

Cornish, E., L.R.C.P., Lond., M.R.C.S., has been appointed Honorary Medical Officer to the Walthamstow Public Dispensary, *vice* C. H. Wise, M.D., resigned.

Greenwood, E. Climson, L.R.C.P., M.R.C.S., has been appointed Surgeon to the Portland Town Sub-division of the Metropolitan Police, *vice* Horace Smith, resigned.

Births.

HEATHERLEY—On March 1st, at New Ferry, Cheshire, the wife of Francis Heatherley, M.B., B.S., F.R.C.S., of a daughter.

LUSCOMBE—On February 22nd, at Cromer House, Teddington, the wife of Thomas Benjamin Luscombe, L.R.C.P.E., of a son.

PINCOTT—On March 1st, at Calverley Parade, Tunbridge Wells, the wife of James C. Pincott, M.R.C.S., of a daughter.

Advertisements.

Cliftonville, Margate.—Resident Patients.

M.D. Lond., F.R.C.S. Eng., married, residing in a commodious house facing the sea, with tennis court in front, also good balcony, wishes to receive two or three RESIDENT PATIENTS. Drainage of house guaranteed *perfect*. Terms moderate.—Apply M.D., Carlton House, Dalby Square, Margate.

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Notice.

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The annual subscription to the Gazette *is 6/6, post free 7/6. All financial communications, as well as subscriptions, should be sent to the Financial Editor,* Mr. C. H. Wells, Medical Office, Guy's Hospital.

Any of our Subscribers, who may be desirous of having their numbers of the Gazette *for 1891 bound, should leave them with the Librarian as soon as possible.*

The charge for binding in blue, with the Arms of the Hospital in gold, will be One Shilling *and* Sixpence.

Guy's Hospital Gazette,

APRIL 2, 1892.

NOTES OF A CLINICAL LECTURE ON TYPHOID FEVER, BY DR. HALE WHITE.

Case forming subject of Lecture:—E. P., a girl of 12 years, admitted February 20th, affording a perfectly typical case of typhoid fever, comes from house whence her brother was brought to Stephen Ward, No. 33, also for typhoid, on January 18th; there is history of previous ill-defined illness during early childhood; this was almost certainly not a previous attack of the fever, as good protection is the rule. Dr. Hale White cited a case recently seen which was passing through a second attack of typhoid, and was furthermore of interest as there had been two almost indubitable attacks of scarlatina. [*Some persons seem to show individual proclivity for specific fevers.*] Present illness began by moping by the fire, followed by vomiting on February 11th; in evening went to bed feeling very ill [*Gradual onset*] and has been there since. Here was a case of 10 days' fever; this duration puts nearly all specific fevers out of court, and there being no local cause, *e.g.*, abscess, meningitis, empyema, &c., to account for the fever, only three possible conditions are left. 1. Enteric Fever. 2. Tuberculosis. 3. Inexplicable pyrexia or innominate fever (which is simple fever without any discoverable cause, and it may be fatal without any lesions being discoverable post mortem). Cases of this are exceptional, and must not be diagnosed unless they have been under observation for some time.

Means of Diagnosis of Typhoid Fever.

(1.) "*Spots.*"—The "spots" which have occasionally been recorded in other diseases as resembling typhoid spots may be regarded amongst the rarest phenomena in medicine. The report says: "a few rose spots may be seen here and there on the abdominal wall; the abdomen is somewhat distended and is painful." A word concerning the spots—by-the-way, "rose spots" is a bad name—they are dull pinkish, raised, lenticular, fade on pressure, rarely larger than a split pea, never suppurate or present vesicles—vesicles arising from profuse sweating are not uncommon on abdomen and other parts, and are to be carefully distinguished from the true typhoid spots. Both the size and colour of typhoid spots vary, but the essential point for diagnosis lies in the question: "Do they come and go?" In the case of Stephen 33, there were small insignificant spots on the abdomen, but as they came and disappeared in successive crops a diagnosis was made. *Site of spots*, usually on trunk and commonly on abdomen, less often on back, still less frequently on extremities—the case in point, however, has some few on her arms as well as on abdomen and back. A patient in Clinical, 3 or 4 years ago, had a most abundant crop on his arms. *Time of appearance of spots* is during the second and third weeks.

(2.) *Tongue.*—This is usually red and fissured along the centre, tip, and edges, with two rows of fur between; in E. P.—"the centre and edges were red, dry, and fissured—there is a

streak of brownish white fur down each side, much browner at base of tongue,"—the appearance was typical and peculiar. As a rule, during the second week it becomes less furred, then more furred, drier and browner during the third week, and subsequently it clears.

(3.) *Headache.*—The presence of this symptom affords basis for a moderately good guess, quite half of the cases suffer from a headache which is entirely out of proportion to the pyrexia; so severe is it that meningitis or cerebral tumour are often first in the mind of the doctor; it is not a mere sense of heaviness but a feeling that life is truly a burden; such a headache should be looked upon with suspicion. It need not really be actually in the head, for as in a case in Mary, investigation showed the seat to be low down about the insertion of the muscles into the occipital bone, rather than in the head itself; it had spread beyond the head, the muscles were tender, and hence the fixity and retraction that was noticeable. In this case there was well marked optic neuritis, which, except for the presence of other enteric symptoms, might have led to a diagnosis of meningitis. Again, the case already cited in Stephen was admitted for very severe headache. Here the pain was also low down, about the attachments of the sterno-mastoids and trapezius muscles to the cranium, a point of interest was that exalgin caused entire relief from this symptom. Enough has been said to illustrate the fact that headache is an important early symptom. It rarely lasts beyond the fourteenth day.

(4.) *Spleen.*—It is important to feel for enlargement of the spleen, but this symptom is very unsatisfactory, since at autopsies the spleen is often found of large size when it had not been suspected during life, and *vice versâ*. Authors differ in the normal extent of splenic dulness, here then is another fallacy; let it suffice to say that the spleen is often large in typhoid, but it need not be detectable during life.

(5.) *Ehrlich's "diazo" reaction.*—No more is claimed for this test than it is an aid to diagnosis, for a few other diseases give it. It is unsatisfactory because the red colour is vague, and a certain amount of redness is given by nearly all urines. The patient at present in Clinical, does not give the test, nor did four out of the last five cases of unequivocal typhoid among Dr. Hale White's patients; an instance was cited of a patient certainly suffering from typhoid in which no reaction could be obtained, while the control experiments made by the medical attendant and his assistant on their own urine shewed that they both, though in good health, gave what they, from descriptions they had read, considered to be a good reaction.

The early symptoms of typhoid are of importance in the following order of precedence:—

1. Insidious febrile illness.
2. Spots (of prime importance).
3. Headache; and
4. Tongue (about equal in value).
5. Spleen (unsatisfactory).
6. Ehrlich's reaction (more satisfactory).

The state of the bowels is not of great value (it does not help us at all in the patient in Miriam) for there may be either constipation or diarrhœa, and if there is diarrhœa the motions are often not typical of typhoid.

Rhonchi and râles are abundant over the whole chest in two cases in Miriam.

Typhoid is a subtle disease and there are often no physical signs to aid in diagnosis. The chest symptoms may be so prominent that instead of being recognized as a mere complication they may be regarded as indicating primary disease of the lungs.

There is perhaps some blurring of optic disc in one of the patients in Miriam.

Any considerable rise of temperature may blur the edge of the disc, and the long continued

generally severe pyrexia of typhoid may even lead to optic neuritis. In a case lately under Dr. Hale White, in Mary 3, a well marked optic neuritis was seen. This symptom might lead to a diagnosis of meningitis if the cerebral symptoms of typhoid were particularly severe.

Treatment.

(1.) *Diet.*—The thin floor of the ulcers indicates that we should above all things avoid allowing any solid irritating matter coming in contact with them, hence the diet should be as a general rule limited to milk. But this may curdle and give rise to vomiting or diarrhœa. This may be due to its administration in too large quantities.

About three pints should be given per diem, and only a few ounces at a time. If curdling takes place the milk may be peptonized, or lime water may be mixed with it. Ordinary lime water does not contain sufficient lime, therefore it is better to use the saccharated solution. Cream and whey is a very good substitute for milk. If the diet becomes monotonous the milk may from time to time be flavoured with a little tea or coffee. Custard or jelly, or a little bread and milk may be given if the patient complains of the monotony of milk, and he may have ice to suck. Meat must not be given on account of the difficulty of its digestion during fever. The nature of the food matters little so long as it is easily digestible and is fluid when it reaches the ulcers, but the doctor must pay the strictest attention to see that these requirements are fulfilled. A case, which died after visiting day, and in which the peritoneal cavity contained fragments of watercress is a forcible lesson on the dangers of improper and indigestible food.

(2.) *With regard to the temperature.*—If it does not rise above 102·5° all agree that interference is unnecessary. If it is 105° or upwards it should always be reduced. Those who use antipyretics choose a certain temperature, (*e.g.*, 103°) for each case, above which some antipyretic treatment is adapted.

Modes of Reducing the Temperature.

Cold applications.—Theoretically these are not a perfect way of reducing the temperature, for the first application of cold slightly increases thermogenesis, although it is soon decreased. If the temperature is constantly very high a cold bath may be given. Patient may either be put in one at 65° F. and left in ten minutes, or he may be put in one at 90° F., which is cooled down to 60° F. by putting ice in it. He should then be put back to bed and have a blanket thrown over him. For most cases of typhoid sponging with cold water is sufficient. The mortality and the number of complications in this method of treatment are much less than it was before it was introduced. Large bedsores, severe intestinal hæmorrhage, and peritonitis are the only contra-indications.

Antipyretic drugs.—These decrease thermogenesis. 1. Acetanilidum (Antifebrin), perhaps on the whole the best drug, as it will reduce the temperature as well as the others and is not so depressant as antipyrine. Give 5 or 6 grains suspended in mucilage. 2. Phenazonum (Antipyrin) acts energetically; dose, 15 grains in solution. 3. Phenacetin rarely produces any cardiac depression, but is not so powerful an antipyretic as the other two; dose, 10 grains suspended.

In choosing method of antipyresis be guided by the state of heart and pulse; if weak, drugs must not be given (or at any rate only phenacetin, and that cautiously) for fear of collapse, but cold sponging may be tried. Drugs much less trouble and do not bother the patient, therefore many prefer them to sponging if the pulse is good. Most in this country fix the point at which they treat the temperature

somewhere between 103° and 104°. Drugs take a little while to act, so if the temperature is very high and rising rapidly give a cold bath.

(3.) *Alcohol.* — The following considerations must be borne in mind :—

1. It by its action in the red corpuscles impairs oxidation.
2. It is oxidized and therefore it is a food.
3. It is mildly antipyretic.
4. It is mildly diaphoretic.
5. It at first increases the force of the pulse in health.
6. It is soporific.
7. Small doses aid digestion.

All these results would be beneficial in fever, but—

8. It accelerates the pulse in health and large doses weaken its force.
9. Large doses cause indigestion.
10. It depresses the cardiac and respiratory centres.

These results would be bad in fever, but it must be remembered that alcohol for some unexplained reason often slows the pulse in fever, therefore we give it if the pulse is rapid and weak, and if after giving it the pulse becomes stronger and slower we continue it (it did good in the patient, the subject of the lecture), especially if it produces sleep and aids digestion, but if the pulse is not benefited or severe indigestion is produced we stop it at once.

(4.) *Other stimulants.*—Typhoid lasts a long while, and as we see in the wasted state of the legs the muscles suffer very much, hence the heart often becomes very weak, and in the third week of typhoid the patient is particularly liable to attacks of a faintness with cold extremites and a feeble pulse (the patient in Clinical had them), therefore in the third week of typhoid digitalis is very valuable (she had it with great benefit). Other drugs that may be given at any period of the disease for this weakness of the heart are musk, which often seems to do great good (dose 5 grains every 4 or 6 hours, but this treatment costs a guinea a day), and strychnine. Abroad, tincture of sumbul is much used for the same purpose, but it is said by the time it has reached England it has lost its virtue. Beef tea and meat juices are excellent cardiac stimulants, but are often unsuitable for typhoid as they may induce diarrhœa.

(5.) *Sleep.*—It is almost as important that the patient should sleep as that she should take food. Cases suffering from insomnia do badly. The girl in Clinical did not sleep well, so she had opium daily (which is by far the best drug for the insomnia of typhoid) and afterwards she slept well. Do not try other soporifics, so many of them are cardiac depressents.

(6.) *State of the bowels.*—In the first four weeks do not interfere with the bowels unless the diarrhœa is exhausting, or the constipation produces abdominal and rectal discomfort. If the diarrhœa is bad always look to see if there are curds of milk in the motions—they are often the cause of it—and the diarrhœa will stop if the milk is peptonized. If drugs are needed for the diarrhœa, a starch and opium enema (enema opii, B.P.), is the best. If the constipation must be treated, give an olive oil enema (olive oil 4$\frac{z}{3}$, warm mucilage of starch 8$\frac{z}{3}$). The state of the bowels bears no relation to the amount of ulceration.

(7.) *Tympanites.*—This is a distressing symptom, and if it is very marked it is unfavourable and difficult to treat. Try first of all warm turpentine fomentations to the abdomen (this was done to this patient); if unsuccessful, small asafœtida or turpentine enemas may be tried; and if these do not do, the attempt may be made to draw off some of the gas by a rectal tube introduced into the sigmoid flexure. These were the only points this patient presented which called for treatment.

THE NEW PHARMACOPŒIA.

NOTES BY THE SECRETARY OF THE PHARMACOPŒIA COMMITTEE.

(Continued.)

GOITRE.—Take of

Pure metallic Iodine 1 drachm
Rectified Spirit 2 drachms
Lard 2 ounces.

Free the lard from salt by pouring on it boiling water, stir, and take it off the water, when cold. Apply every morning with a flat stick to the throat for 4 to 6 weeks. The surface of skin covered with the ointment should be 3 to 4 square inches. It should be applied thickly, and a stiff leather cravat worn night and day to prevent the ointment being wiped off. Increase or diminish the size of the surface anointed according to the effects. Do not mix Potassium Iodide with the metallic Iodine; it makes it inert.

Remarks by Dr. E. C. Hare: "I have removed very large tumours threatening suffocation by this ointment. I have never known it fail, but the absorption is sometimes slow."

HEART DISEASE.—Take of

Tincture of Strophanthus 8 minims
Tincture of Nux Vomica 10 minims
Water to 1 fluid ounce.

Remarks by Dr. Atkinson: "Cardiac stimulant: in weak failing heart with quick irregular action most useful in some cases."

Dr. Randell recommends the Mist. Digitalis et Ferri, G.H.P., finding it particularly suited to "cardiac cases and cases of convalescent rheumatism."

HÆMORRHOIDS.—Dr. Judson recommends this prescription:—Take of

Tincture of Hamamelis 1 fluid drachm
Solution of Subacetate of Lead 20 minims
Rectified Spirit 30 minims
Water to 1 fluid ounce.

Mix for a lotion. To be frequently applied.

LINIMENTS.—Take of

Eucalyptus Oil 1 ounce
Olive Oil 4 ounces.

Mix.

Remarks by Dr. Holmested: "An external stimulant (a Sequah). All patients, if able, should well rub the whole body daily for half an hour with a small quantity of this liniment. If the spine especially is well rubbed, children recover from disease in half the time."

Dr. Gibson recommends the following prescription under the name of Linimentum Commune:—Take of

Hudson's Dry Soap 2 ounces
Water 3 pints

Mix and add

Colza Oil 10 ounces
Turpentine 3 fluid ounces
Strong Solution of Ammonia 3 ounces.

LIVER DISEASE.—The suggestions for pills adapted to cure the symptoms classed as "liver" are various combinations of Mercury (in the form of Pilula Hydrargyri, Calomel, or Mercury with Chalk) with Compound Rhubarb Pill, Podophyllum, Euonymin, and Ipecacuanha in small doses. Their equivalents will be found in the G.H.P. under Pilula Euonymin, Pil. Euonymin cum Hydrargyro, Pil. Ipecacuanhæ et Hydrargyri, Pil. Podophylli cum Hydrargyro, and Pil. Podophylli cum Rheo.

NASAL CATARRH.—Take of

Liquefied Carbolic Acid 40 minims
Rectified Spirit 2 fluid drachms
Strong Solution of Ammonia 40 minims
Water to 2½ drachms.

Mix. Dose: 10 drops for inhalation on blotting paper, to be used every two hours in the beginning of nasal catarrh.

Remarks by Dr. R. Atkinson: "It arrests it, and relieves the congestion of the mucous membrane speedily."

NERVINE TONIC.—Dr. Edgar Duke recommends the following pill as "very invigorating and hæmatinic":—Take of

Sulphate of Zinc 2 grains
Reduced Iron 2 grains
Sulphate of Quinine 1 grain
Extract of Gentian, sufficient to make one pill.

NEURALGIA.—Dr. J. B. Baker states that with the following pill he has "arrested facial neuralgia of years standing—an invaluable formula":—Take of

Extract of Belladonna $\frac{1}{12}$ grain
Sulphate of Quinine 1 grain
Confection of Roses sufficient to make 1 pill.

Mix. Dose: 1 pill three times a day.

Dr. R. Atkinson recommends for neuralgia the following prescription:—Take of

Sulphate of Quinine 1 grain
Camphor 1 grain
Extract of Hyoscyamus 2 grains.

Mix for one pill.

Drs. Lacey and Judson recommend Butyl-Chloral Hydrate in 3 grain doses for facial or cranial neuralgia, and the latter also recommends Exalgin in 3 grain doses. Compare the Pilula Butyl-Chloral cum Gelsemio and the Mistura Methylacetanilidi, G.H.P.

OZÆNA.—Take of

Borax 120 grains
Salicylic Acid 180 grains
Glycerine 2½ fluid ounces
Water ½ fluid ounce.

Mix.

Remarks by Dr. H. B. Blackburn: "For Ozæna 1 or 2 drachms to half a pint of water. Very useful to correct the fœtor when present, and in all cases of obscurity I have used it also with success with no water in otorrhœa."

SKIN DISEASES.—ECZEMA.—Take of

Camphor in powder 2 drachms
Oxide of Zinc 4 drachms
Vaseline 1 ounce
Benzoated Lard 1 ounce
Cochineal 1 grain
Attar of Roses 2 minims.

Mix secundum artem. To make an ointment.

Remarks by Dr. D. Hooper: "Allays irritation, itching, &c., in eczema, prurigo, and scaly affections of the skin."—Take of

Lanoline 4 drachms
Vaseline 3 drachms
Glycerine 1 drachm
Attar of Roses 1 drop.

Mix for an ointment.

Remarks by Dr. Lacey: "Most useful in eczema and intertrigo in children."—Take of

Ammoniated Mercury 30 grains
Liquor Carbonis Detergens 20 minims
Vaseline 2 ounces.

Mix.

Remarks by Dr. E. May: "Invaluable in eczema."

Dr. H. Manley says that Oleaum Deelinæ is "almost invaluable in obstinate eczema." Its price prevents a very extensive trial of it among Hospital patients.

Dr. Simon recommends the following prescription:—Take

Oleum Deelinæ
Olive Oil
Castor Oil, of each equal parts.

He considers this particularly valuable for eczema impetiginodes.—Take of

Glycerine of the Subacetete of Lead 1 fluid ounce
Bicarbonate of Sodium 2 drachms
Light Carbonate of Magnesium 2 drachms
Dilute Hydrocyanic Acid 4 fluid ounces
Water to 6 fluid ounces.

Remarks by Dr. R. Wood: "Soothes and lessens irritation in eczema."—Take of

Glycerine 1 fluid drachm
Oxide of Zinc 4 drachms
Liquor Carbonis Detergens (Wright's) 10 minims
Water to 1 fluid ounce.

Mix.

Remarks by Dr. K. S. Armstrong: "I have found it most useful for eczema, and eczema impetiginodes."

(To be continued.)

Physical Society.

Last Meeting of the Session.

On Saturday, March 19th, this Society met for the last time this session. It had been hoped that Mr. Durham would have been able to take the chair, as Dr. Wilks was unable to be present. The Secretaries, however, had to report to the meeting of Presidents that evening that Mr. Durham was too ill to leave his house, and was therefore obliged, as he was sorry, to disappoint us.

The Treasurer's prize for an essay on "The Relation of Fœtal Relics to Pathology" had not been awarded, and the Secretaries and Presidents had been at a loss to know what fit and worthy way of employing the last evening of the session, until it was discovered that Mr. H. E. Durham was prepared to show drawings and specimens, and to give a demonstration on some work he had done on Amœboid Cells, more especially in relation to Pigmentation.

Messrs. Stanley & Co., of the Railway Approach, lent eight microscopes, and these, with as many more from about the Hospital, contributed greatly to the success of the evening. Mr. Durham had got together specimens illustrating the activity of amœboid cells in carrying excrementitious pigment to the surface of animals, taken from different orders in the animal kingdom. The cells in many could be seen as they can in man streaming to the surface, and stopped only by the corneous layer of the skin. This, at least, was the explanation given by Mr. Durham in his very interesting demonstration. Besides the microscope specimens were many photographs and drawings, all illustrating the pigmentary functions of wandering cells.

The following members took part in the discussion which followed:—

Mr. F. G. Hopkins thought that what Mr. Durham had had to tell them was of special interest, because there was a suggestion in it of a coming great generalization, and generalizations were needed in physiology. The association of pigments with amœboid cells seemed to be almost a general law, from chlorophyll granules upwards. That pigments generally were to be considered as excretory products was a fact of great interest to the speaker personally, because as far back as 1882 he had been able to show that certain lepidopterous pigments were of that nature. Working recently with the embryo wings of pupæ, in which pigmentation was presumably going on, he had observed the very great activity of certain granular amœboid cells, apparently distinct from the cells forming the wing tissues.

Dr. Samways said he thought Mr. Durham's theory was too simple. It seemed much more probable that the pigment cells in the skin were not going in any particular direction, but were simply accumulated there because that was the seat of generation of pigment, and any cells that might wander from there would wander in both directions alike. He wished to know whether Mr. Durham had any theory to explain the localization of pigment; why a man should be freckled and not uniformly pigmented, why the hair should be coloured and not the face.

Mr. Parry took exception to Mr. Durham's demolition of the traditional belief that leucocytes carried out the absorption of fat. He quoted Foster, and thought Heidenhain had not been able to count sufficient corpuscles to accomplish the work, and osmic acid might blacken other substances than fat; he was not satisfied that no fat was absorbed through the agency of these cells.

Mr. Leathes wished to know whether men with white hair and albinos were like pink pigs, handicapped in the struggle for existence by their defective excretion. When a man's hair turned grey was there any compensating diversion of excretory processes into other channels? Possibly in the albino there was an excretory pigment, the white pigment discovered by Mr. Hopkins.

Mr. Long entered into the consideration of the determining causes of pigmentation. Weather was the

most important in men, but then the same climate acted differently on different people according as they were dark or fair.

Mr. Wohlmann pointed out that as the age at which a man was most vigorous was the age at which pigmentation was most marked in him, so birds, whose metabolism was higher than that of other vertebrates, were also more pigmented. But then, if the degree of pigmentation might be taken as an index to the rate of metabolism, how was it that infants were so free from pigment?

Mr. A. J. Sharp welcomed the appearance of a generalization in the field of physiology other than that which used to be as conspicuous in its solitude as it was universal in its application. "The time has not come," etc. Admitting the influence of weather in determining pigmentation, something further was necessary to explain the patterns worked out on peacock's wings. Another pigmentary phenomena, the melanotic sarcomata, needed explanation. Hutchinson said they were common in white horses.

Mr. W. Bligh pointed out the curious fact that the new-born infant had pigmented hairs, but that shortly after birth these were shed and then the child for some years was singularly free from such pigmentation. Possibly the early pigmented hairs were the necessary result of its identity with an adult mother, to whose system pigmentary excretion was essential.

Mr. Thomas wished to obtain some share of Mr. Durham's attention for pigmentary diseases—jaundice—which affected all ages, and Addison's disease in particular.

Mr. Pakes congratulated Mr. Durham on his ascent from the ridiculous to the sublime, from delighting the smoking concert audience of last week to the interesting and learned discourse of this evening. He wished to know what was the fate of leucocytes that conveyed carbon from the tissues to the lymphatic glands—did they perish or were they spared for a useful life elsewhere? What, too, became of the wandering cells which assisted in affecting union by first intention.

Mr. A. M. Daldy wished Mr. Durham to improve on Erichsen's definition of pus, which was unsatisfactory, and at the same time to distinguish between serous exudation and caseous matter. He suggested that the distinction should rest upon the absorbability of the former. The function of amœboid cells, he thought, could not be only what was assigned them by physiologists, the consumption of *débris* in the spleen and the carrying of fat from intestine to tissues. Mr. Durham had once written and read an interesting paper on their power of removing carbon dioxide. He thought that the function of these unspecialized primitive cells was really twofold; in the first place, they replaced worn out specialized cells elsewhere in whatever tissue they might find them; and, secondly, they were soldiers in reserve for times of war, that is to say, disease, when they attacked and disposed of bacteria.

Mr. Durham then carefully and kindly went through the long list of questions that had been put to him, discussed any criticising that had been advanced, and thanked Mr. Hopkins for his words of authority. In answer to Dr. Samways, he said that the resistance of the corneous epidermis to outward bound pigment cells was only one suggestion for the explanation of the accumulation of pigment in the skin; but the tendency of pigment cells to make for the surface was proved in animals from vertebrata to polyzoa. He referred Mr. Parry to Heidenhain's original paper, in which it was proved not only that there were not enough amœboid cells to carry out the absorption of the fat taken up from the intestine, but that the granule cells were not more abundant during digestion than in the intervals between meals. In an albino snake some cells had been found containing hæmoglobin granules.

It was not weather so much as light probably that determined the amount of pigment formation, the influence of light on animal life being manifest in the fact that many bacteria could not grow in the light; and pigmentation might possibly serve the end of protecting the inward parts from sunbeam. In children he suggested that pigmentary excretion was absent because this was too slow a process for metabolism as rapid as theirs. Jaundice was not allied to the processes he was speaking of, the pigment there being in a soluble form; Addison's disease pigment cells could be seen crawling to the surface as he had described them. The cells which pick up granules of foreign pigment and carry them to the lymphatic glands generally die in man, though in the lower animals they seemed to survive the deposition of their granules. One thing Mr. Durham refused to do, and that was to define pus or to distinguish between serous effusion pus and caseous material, which were different merely in degree. As to the function of amœboid cells generally, they certainly effected the distribution of yolk particles in young embryoes and probably did in the grown organism. But he knew of no instance in pathology in which an amœboid cell could take up the work of a worn out specialized cell such as a muscle cell.

A vote of thanks to Mr. Durham was then moved by Mr. Long and seconded by Mr. Wakefield.

Mr. Dunn then read the Presidents' Report on the past session. The Society, it said, had flourished no less than in the year before. The average attendance, not counting the first meeting when 180 were present, was 44. The Society's prize for the best paper read during the session was awarded to Mr. T. D. Lister for his paper on Antiseptics. No essay sent in for the prize offered by the Treasurer for the best essay on "The Relation of Fœtal Relics to Pathology" was considered of sufficient merit to have the prize awarded to it. But in consideration of the merits of Mr. E. T. E. Hamilton's paper on "Lardaceous Disease," the Presidents had ventured to propose to the Treasurer that he should give a second prize of £5 to Mr. Hamilton, and the Treasurer had very kindly consented. Six of the Presidents were resigning. The Presidents submitted the names of the

following six members as suitable to take their places:—Messrs. W. Bligh, E. T. E. Hamilton, T. D. Lister, C. E. Salter, A. W. Sheen and W. K. Steele.

The six members above enumerated were accordingly proposed, seconded, and elected to the vacancies.

Mr. F. G. Hopkins then rose to propose a vote of thanks to the Treasurer for the interest he took in the Society, an interest which was only part and parcel with that he took in the welfare of the Hospital in all its doings. He thought that the condition of "thanking the Treasurer" ought to be chronic with Guy's men, but sometimes there was an acute stage, as on the present occasion.

Mr. J. B. Leathes seconded the vote of thanks, and everything that had been said by its proposer.

The Treasurer said it always gave him pleasure to come to the Society's meetings at the end of the session. He had listened to many things this evening which he did not understand, but one observation that he had made was that beneath the epidermis of the Society were cells, whether amœboid or not, which showed great activity. He hoped that the members of the Society would by that activity maintain that high position in the Hospital which they should remember the Physical Society had from the first held.

A HYPNOTIC ENTERTAINMENT.

On Tuesday afternoon, February the 23rd, I was present at an entertainment on the pier at St. Leonards-on-Sea, which was, I suppose, a good sample of a hypnotic exhibition as presented to the general public.

After some very successful and genuine experiments in thought-reading—which is merely a method of finding objects with the involuntary muscular aid of a person who keeps the route to them steadfastly in mind—and after some very excellent ventriloquism, the performer proceeded to his experiments on hypnotism.

Dr. Sandifer (House Surgeon at King's College Hospital), a Mr. Dowling, and myself constituted the investigation committee on the platform. We were rejected candidates for hypnotism, and therefore perhaps predisposed to be severe.

A youth who, I afterwards found, was a member of a disbanded dramatic society, was produced and hypnotised. This youth at the word of command made elaborate speeches, performed skilled dances, carried on alone a clever dual conversation and demonstrated, as I thought, much more the influence of the dramatic than the hypnotic art.

My turn, however, came when the hypnotist said I could not remove the youth's hands from his own placed under them—I did it readily four times in succession. He said two of us could not hold the youth back when he called him; we did so easily, and indeed one of us could have held him. Attempts to shut his mouth, and bend his arm were less successful; as, however, these operations are equally difficult to perform under ordinary circumstances, I was not so struck as the audience seemed to be by the wonderful resisting power evoked by hypnotic influence.

At the end of the performance, which was witnessed by four or five hundred people, I said from the platform that I thought the results had been obtained partly genuinely and partly by collusion; and I challenged the hypnotist to evoke from the second youth—an acquaintance of mine named Harris—any feats comparable with those exhibited by the first. Harris confessed that he had been hypnotised to the extent of being rendered drowsy that afternoon, and the performer agreed to try and hypnotise him more deeply on the following day.

To prove however that all was genuine, he said he would run a scarf pin through the arm of his hypnotised youth without hurting him or drawing blood; this he did successfully. I then asked him to pass it similarly through me, saying it would not hurt me, though I was not hypnotised. This he refused to do, but I had the experiment performed on me in the evening by Dr. Taylor, of Willesden, who passed the same scarf pin through $1\frac{1}{2}$ inches of my arm without causing pain or drawing blood.

On the following afternoon there was a great crowd of people to "see the row." But by one pretext the performer secured a new committee on that occasion, and by another his own trained youth to perform on. He, however, again tried Harris as he had agreed, but according to Harris's account he affected him less than on the preceding occasion. His failure was masked by a smart bit of cunning, for getting Harris to hang his head over the back of his chair he quietly told him to hold it in that position, and to the audience it looked as if it were held there involuntarily. Harris says he could have lifted it at any moment, and indeed he did so now and then, but still he held his constrained position long enough to satisfy the consciences of those who came intedning to be duped, or resolved to believe in all they did not understand.

Early in the performance of the first day, the hypnotist had said to me *sotto voce*, "It is not really scientific, but meant only as an entertainment." I took the sop, but as a member of the investigation committee I felt I was a performer myself, and that my part was to distinguish for the audience between what was scientific and what mere entertainment. Perhaps I failed, but I think I should have been unworthy of Guy's had I not made the attempt.

D. W. SAMWAYS.

APPOINTMENTS.

Lansdown, F. P., M.R.C.S., has been appointed Senior Surgeon to the Bristol General Hospital.

Munden, Charles, M.R.C.S. Eng., L.S.A., has been appointed Medical Officer for the Ilminster District of the Chard Union.

Roberts, Edward Coldridge, M.R.C.S. Eng., L.S.A., has been re-appointed Medical Officer of Health for Southgate.

Passim.

At the meeting of the Physical Society on March 19, the last of the Session 1891–92, the prize for the best paper read before the Society was awarded to Mr. T. D. Lister for his paper on Antiseptics. This was the first paper read before the Society, and it maintained its position against all comers. As the Treasurer's prize for the best essay on the Relation of Fœtal Relics to Pathology was not awarded, there was this year a second prize of £5, through the generosity of the Treasurer, awarded to Mr. E. T. E. Hamilton for his essay on Lardaceous Disease.

The prizes for Speaking were awarded to Mr. W. K. Steele and Mr. W. C. Pakes. Everyone was glad that Mr. Steele's eloquence had found favour with the sober judgment of the Presidents, as it undoubtedly had with the fickler fancies of the large audiences that came to hear him. Mr. Pakes is also to be warmly congratulated for so regularly and successfully overcoming the difficulties that prevent the majority of first year members from making themselves heard at the Society's meetings. We hope that his example will never want followers.

We sympathize with first year members however. Their difficulties are real and serious. Not because they need be put to shame by the gifts and endowments of their seniors in the art of eloquence, but because the list of subjects selected by fourth year men will naturally include many in which a junior student will not be interested. And for this reason we are glad to see that a movement is on foot to start a department of the Physical Society for the discussion by first and second year men of topics of common interest. It is not for us, nor for anyone but the men concerned to move in this matter. If there are the men to make the scheme succeed, and surely there are, they will come forward and carry it out successfully; but if there are not, then no pushing from outside can be of any use.

On March 29th, Dr. Shaw was married; the number of his friends in Guy's who wish him well is legion; we cannot wish him anything better than that their wishes may be fulfilled.

Dr. Shaw writes to Dr. Samways to thank the students for the clock, pair of copper sconces, set of dessert spoons, and set of entrée dishes given him by them as a wedding present, as follows:—"Will you please accept yourself, and kindly try to help me to convey to the other numerous donors my most sincere thanks for the very valuable wedding presents that I have to-day received from the students of Guy's Hospital. Valuable as they are in themselves, I am sure you and the other donors will believe that they are of infinitely greater value in my eyes on account of the kindly feeling that has prompted the gift. I am indeed pleased to have so valuable and permanent a token of the kindness which Guy's men have always shown towards me. Believe me to be, ever the students of Guy's Hospital sincere friend, Lauriston E. Shaw."

The Golding-Bird Prize and Medal has been awarded to Mr. C. S. Pantin. We congratulate him on his success. We also congratulate the winners of the Arthur Durham prizes, Messrs. R. F. Clarke and N. H. Pike, and the winners of the Michael Harris and the Beaney Prizes, whom we have just heard to be Messrs. H. A. Moffat and A. M. Daldy, respectively.

Mr. L. E. James has been appointed Secretary to the Students' Club on the resignation of Dr. Shaw. He will find an ample field for the energy which he has so often shown in the interest of Guy's.

Overlooking the new ground at Honor Oak Park are four houses, now vacant. Students wanting lodgings might surely do worse than band themselves together to rent them and form a colony down there. A syndicate might be formed and the colony become a permanency. It would be always easy to let the rooms, if the management was good.

A good suggestion was made to us the other evening, but we unfortunately have no power in the matter. There are portraits of historic interest practically buried in a room near the Library, known as the Medical Officers' Room. There are bare walls in the Dining Room in the Club, literally gaping for adornment. The portraits in the Medical Officers' Room would form a very good nucleus for the picture gallery that the Dining Room clearly is meant some day to become; and other portraits could be added gradually. But whom should this suggestion be made to, and by whom?

We publish a report on the results of the season's football sent us by the captain of the 2nd fifteen. It has been remarkably successful, and we are glad to hear that on the 21st a case of pipes was "Presented to H. J. Spon by members of the 2nd and 'A Fifteen,' as a souvenir of the unbeaten season of 1891–92." Such success must be largely due to the exertions of the captain.

"A fifteen" is the title adopted modestly by the fifteen which is neither the first nor the second.

The report of the 1st Fifteen's season is to appear in our next number.

THE FOOTBALL CLUB ANNUAL DINNER

There were some hundred gentlemen present at the Annual Dinner of the Football Club held at the Holborn Restaurant, on Monday, March 12, under the presidency of Dr. Bryant.

After the Chairman had given the usual loyal toasts, Mr. James proposed "The Staff." He said that most, if not all, of them would have been present if the dinner had not been confined to the students and their guests (cheers). He mentioned Mr. Lucas and Mr. Davies-Colley as conspicuous supporters of the Rugby Club and Dr. Brailey as often being seen at the Association matches (cheers).

Dr. Bryant, in reply, said he felt in rather an anomalous position. He saw around him so many men with whom he had played many a hard game (cheers). He said the staff were ever ready to meet the wishes of the students, and ended an eloquent speech by promising to do all in his power to support the petition about Saturday clinicals (cheers).

The Chairman then proposed the toast of the evening —"The Football Clubs." He referred to the difference between the present and the past, and mentioned that on one occasion, when he was secretary, so many as seven players had scratched the night before a match. Such a thing was an impossibility now. He presented a very elaborate pipe to Mr. Cooper on behalf of his team (cheers).

Mr. Cooper, in reply, started with something very tall in Latin, which our reporter (who is only in the fifth standard) did not catch, but understood was a quotation from Horace. He said the Rugby team had had a very successful season. It was true they had no cup to show, but he hoped they would not be judged by one match, but many matches. He referred to the assistance he had received from his large and genial secretary, and to show how keen the team were he mentioned that there was only one occasion when a man had scratched. Men had played on their merits, and men had preferred to play for the Hospital before their counties (cheers). There were two points he should like to mention—first, that they had given up the practice of playing men out of their year in heavy matches; and secondly, that no man who was any good played for an outside team in preference to the Hospital (great cheers). He thanked their regular band of supporters who had often made themselves popular in the towns they had visited, and in the words of the old song (a voice, "Ta-ra-ra-Boom-de-ay," and laughter and great cheers, in the midst of which the gallant captain resumed his seat).

Mr. Hewetson, with the aid of Mr. Sturges-Jones, replied for the "Socker" team. They had won the Hospital cup four times and the Surrey cup twice, and still had a chance of gaining a third victory at Guildford. He appealed to the company to come down and support his team. The tickets were only three and fourpence (cheers).

Mr. Cooper then rose again and proposed the "Second Fifteen." They had an unbeaten record. He could only say (a voice, "Rats," and laughter) that this success was due to the energy of their captain, and the tact of their secretary (cheers).

Mr. Spon, in reply, wrestled with the classics. He pointed out the use of a good second fifteen and the value of a good combination. (Here some disturbance was caused by a well-known athlete, who is also near-sighted, requesting a waiter to return his cigar.) If a man in the first broke down (a voice "take him in for the night,") they were always ready with a substitute (cheers).

Mr. Allport proposed "The Visitors"; he said they were always ready to cheer us on our way, and cheer themselves in their own way, and incited us to "deeds of derring do." He regretted the absence of the fair sex (hear, hear), and as there had been so much Latin talked that evening he hoped the company would allow him to quote the old adage "A ab abs-que, coram, de" (cheers and laughter).

Mr. Layman responded in his best style. He said he was closely allied to Guy's and Guy's men in more ways than one. He referred to the victory over Croydon, and took credit to himself, since he had entertained the majority of the team the night before the match, that he had given them nothing but what was strictly B.P (cheers).

It being five minutes to closing time the health of the Chairman was hurriedly drunk, and the company separated.

During the course of the evening Mr. Reid presented to Mr. J. B. Bettington a testimonial on behalf of his many friends at Guy's, on his leaving for Australia.

The musical part of the proceedings were very ably attended to by Messrs. Jackson, Christmas, Morton Layman and Jackson Lang.

Mr. James deserves great credit for his admirable arrangements, and to him the success of the dinner was in a great measure due—but the soup was cold.

Hospital News.

IN THE WARDS.

Under Dr. Pye-Smith.

Philip 22.—Engine-driver came in with eczema all over body. After a week of Ung. zinci c. plumbi carb., skin looks nearly healthy.

Philip 34.—Cardiac case. Aortic regurgitation, and probably stenosis; mitral stenosis, and possibly regurgitation. Typical aortic pulse.

Under Dr. Taylor.

Stephen 1.—Empyema. Operated on, March 29. Had ægophony over greater part of back and left side, at levels differing by at least 6 inches in the same line. Cardiac dulness within half-an-inch of the right nipple.

Stephen 2.—Paralysis of legs, come on in fortnight, after exposure to cold. No loss of sensation. Pains and tenderness in the muscles; loss of jerks; no change in electrical reactions. Pleuritic rub; pyrexia. Œdema of both legs below the knee, more especially the right; on this side the popliteal and femoral veins are tender. The question of growth pressing on the anterior part of cord and veins has been raised; but no part of the spine is tender. Also of Landry's paralysis. Otherwise, probably an atypical myelitis.

Mary 39.—Phthisis; three months' duration. Cracked-pot sound in left lung, which is a mine of physical signs.

Mary 41.—Throat that raised suspicions of diphtheria.

Mary 42.—Rheumatism. Pleurisy. Salicin ʒ vi. per diem for two days, producing tinnitus.

Mary 48.—Pneumonia.

Mary 49.—Gradual wasting of muscles in left forearm and hand, with trophic changes in skin. Similar condition on other side at an earlier stage.

Mary 55.—? Meningitis.

Under Dr. Hale White.

Mary 2.—Exophthalmic goître, shewing all usual symptoms, including tremors. Patient's brown skin is apparently unconnected with the disease.

Mary 3.—Aortic and mitral disease. The secondary lung symptoms, viz., cough, congestion, and consolidation at right base being, on admission, so prominent as to lead to suspicion of tubercular mischief.

Mary 6.—Acute alcoholism.

Mary 9.—Subacute rheumatism, complicating an œsophageal stricture, of 6 years' standing. ? Malignant.

Stephen 25.—Saturated with tertiaries.

Stephen 34.—Mitral disease, presenting systolic and diastolic murmurs at apex, the former very harsh and generally entirely ceasing with respiration; also rub in left chest, pleuritic, and ? pericardial.

Stephen 40.—Ascending nephritis in case of myelitis of 18 months' standing.

Clinical.

Miriam 21.—Mary J. B., married, 34. This patient came in with five days' history of headache and anorexia; she had been delirious, and vomited once during the last two days before admission; respiration 60. Dulness, râles and bronchial breathing at bases. Herpes on lips and nose. She died after being in Hospital 24 hours, during which time her temperature kept about 104°, and she was comatose. At the autopsy, typical suppurative meningitis was found.

Miriam 17.—Sarah Ellen B., 13. This patient has pneumonia at the bases of the upper lobes of both lungs and at the apex of the left lower lobe. The note on percussion is very hyper-resonant at the left apex and at the bases. On the 8th day, patient's pulse is 170; temperature, 103°.

Miriam 26.—Julia B., 46. This patient has been in the ward for three months. She came in with mitral regurgitation and a history of alcoholism; while in the ward she developed pneumonia, which involved both

bases and the whole of the right lower lobe; also a friction sound over right ventricle, synchronous with heart beat, existed for ten days. The pneumonia, after persisting (though slowly diminishing) for two months, has now almost cleared up.

Miriam 24.—Eliza W., 50. This patient came in with subacute intestinal obstruction. Ten years ago patient had an "attack of the same thing, which a doctor cured with a dose of medicine." Though carcinoma is suspected, at the partial examination of the intestines, made when doing the first stage of an inguinal colotomy, numerous fibrous bands, but no growths, were found. The bowel is now firmly adherent to the colotomy wound, and as the patient's condition is good, it has been decided not to open it till vomiting or other acute symptom comes on.

Miriam 27.—Kate M., 4. This is a case of favus.

John 10.—This patient was sent up as having diabetes insipidus. The chief symptoms were great thirst and polyuria, (the urine passed being very dilute and containing no sugar). He was said to drink his urine whenever any vessel in which he could collect it was left in the room with him. On examination, he was found to have a stone in the bladder, and has now been transferred to a surgical ward.

Under Mr. Davies-Colley.

Luke 19.—M., æt. 48, popliteal aneurysm, left. History of rheumatism and sciatica. Swelling noticed 7 weeks ago; left knee = 16¼ inches; right = 13¼ in circumference. Pulsation in aneurysm completely disappears on compression. Femoral pressure has been applied at groin for 18 hours; pulsation is now rather less. Measurement of left knee = 16 inches.

Under Mr. Clement Lucas.

Job 2.—Boy, æt. 7, admitted March 9th, with an abdominal tumour—three months' history—size of a man's fist, a little below and to left of umbilicus, swelling globular, movable beneath parietes, tense, fluctuant, and dull to percussion; not tender; transmitted pulsation from aorta; twelfth dorsal vertebra suspiciously prominent, but not tender; veins injected. No ascites; no wasting; no history of tubercle; no tubercular lesion elsewhere. On exploration, curdy pus drawn off. On March 11th, abdominal section, cyst covered by peritoneum; great omentum in front of upper third not adherent. Cyst punctured, about three ounces of pus drawn off, stitched to abdominal wall, incised drainage-tube inserted, and cavity washed out. Patient doing well; cyst much decreased. Probable diagnosis, suppurating tuberculous mesenteric gland.

Job 6. - Æt. 49, admitted with history of 9 months' diarrhœa and pain in pelvis. Hard mass in rectum, especially towards left, just within reach. Nodules in left iliac fossa, ? glands, ? secondary nodules in peritoneum. Slight wasting; no cachexia; never any obstruction; no malignant history. Proposed left lumbar colotomy.

Lydia 10.—Æt. 24, severe case of lupus vulgaris, commencing at age of two. Right side of face and nose, with ectropion, right corneal opacity, left arm from elbow to wrist, hand mutilated and carpus dislocated backwards to a right angle; both feet much distorted, and skin affected up to knees. Proposed to amputate left arm.

Lydia 13.—Child with single hare-lip, left side. Mother, in Hospital with child, has a hare-lip, single, and on left, cured by operation. This is third child, and the first with the deformity.

Charity 2.—Æt. 42. Fall on hip when walking. Patient walked 200 yards slowly when she felt something crack in hip and could walk no further. Extra-capsular impacted fracture of neck of right femur. Eversion and half-inch shortening. Treatment, water bed, limb steadied by long Liston.

Accident 6.—Had slipped with left leg doubled up under him, felt something snap, could not walk. Gap felt above patella, effusion in knee and surrounding tissues. Same evening upper border of patella cut down upon, attachment of quadriceps found ruptured one-eighth of an inch above patella, bursa beneath quadriceps torn. Bursa sewn up with fine catgut, divided end of tendon with stout. Put up on excision splint. Wound healed on second day. Leg now in Croft.

Accident 11.—Æt. 14.—Good example of conservatism. Machinery accident. T-shaped fracture into interphalangeal joint of left thumb, compound, dirt grimed into cartilage, terminal phalanx hanging on by shred of pulp on palmar aspect. Loose pieces of head of first phalanx removed, cartilage at base of terminal phalanx cut off, skin sutured round. Thumb has found adhesion and is alive.

Accident 12.—Æt. 55.—Fall on hip from height of five feet. Impacted extra-capsular fracture of neck of femur. Eversion, half-inch shortening. Treated with sandbags; no splint.

RECENT PUBLICATIONS.

Bell's (R.) Tuberculosis and its successful Treatment. Crown 8vo., Bryce, 1/6.

Hacker's Introduction to the Antiseptic Treatment of Wounds, translated by Kilkelly. Crown 8vo., 2/6.

Leonard and Christy's Dictionary of Materia Medica and Therapeutics. Crown 8vo., Bailliere, 6/-.

Leffingwell's (Albert) Illegitimacy and the Influence of Seasons upon Conduct. Crown 8vo., Sonnenschein, 2/6.

Meyer's Outlines of Theoretical Chemistry, translated by Bedson and Williams. 8vo., 9/-.

Moore's Text Book of Eruptive and Continued Fevers. 8vo., 15/-.

Rohé and Lord's Practical Manual of Diseases of the Skin. Crown 8vo., 6/6.

Roscoe and Schorlemmer's Chemistry, Vol. 3 (Organic), Part 6. 8vo., Macmillan, 21/-.

Shaw's Epitome of Mental Diseases. Crown 8vo., Wright, 6/-.

Strahan's Marriage and Disease. Crown 8vo., Kegan Paul, 6/-.

Sully's The Human Mind, 2 Vols. 8vo., 21/-.

APPOINTMENT LIST.

Commencing April 1st, 1892.

House-Physicians.—F. M. Turner, M.B., B.C. Cantab. (Dr. Pye-Smith); J. Young, M.B., B.S. Lond. (Dr. Hale White.)

House-Surgeons.—T. B. P. Davies, M.B., B.S. Lond. (Mr. Howse); F. S. Wood, M.R.C.S., L.R.C.P. (Mr. Davies-Colley).

Assistant House-Surgeons.—A. T. Rake, M.B., B.S., Lond., H. E. Durham, M.B., B.C. Cantab.

Commencing May 1st.

Assistant House-Physicians.—H. B. Bolus, M.R.C.S., L.R.C.P., W. H. Fisher, M.B., B.C. Cantab.

The following appointments have been made by the Medical Council and approved by the Treasurer—

Obstetric Residents.—Messrs. A. M. Daldy (April), C. E. Salter (May), C. E. Pollock, (June).

Clinical Assistants.—Messrs. G. Sichel, T. D. Lister, J. H. Muncaster, A. H. Godson, A. J. Sharp, C. S. Pantin.

Dressers in Eye Wards.—Messrs. T. R. Taylor, E. T. E. Hamilton, (May) (Mr. Higgens); E. E. B. Landon, W. E. Alston, (May) (Mr. Brailey).

Surgeons' Dressers.—Messrs. J. H. Godson, J. W. Eastment, F. P. Bush, D. A. W. Martin, H. Hearnden, J. W. Taylor (Mr. Durham); R. H. Luce, W. J. Johnson, G. A. Skinner, H. Meyrick-Jones, G. H. Field, W. J. Harris, (Mr. Howse); F. Hazell, G. E. Lockyer, W. C. C. Park, R. E. G. Phillips, H. Cooper, E. L. Adams, (Mr. Davies-Colley); A. Shillitoe, W. Poole, S. C. Cresswell, H. A. Hinds, H. C. Sharp, G. F. Still, (Mr. Lucas).

Assistant Surgeons' Dressers—Messrs. F. G. Hopkins, A. H. Trevor, E. S. Tuck, T. D. Manning, E. E. S. Silver, (Mr. Golding-Bird); J. B. Leathes, W. H. Jewell, G. Lawrence, A. C. Hovenden, G.S. Hovenden, (Mr. Jacobson); R. C. Kirkby, A. J. Mathison, R. Ingram, E. H. Drake, A. Alexander, (Mr. Symonds); H. T. Hinton, E. A. Peters, R. D. Evans, R. H. Fagge, T. Burrow, (Mr. Lane).

Medical Ward Clerks.—Messrs. H. Davies, R. H. Moon, G. Jimenez, J. W. Culmer, H. M. Stewart, H. W. Graham, A. P. Allan, A. B. Creak, J. H. Bettington, A. G. Cooley, W. R. Grove, L. Slater, J. B. Winter, A. J. Collis, H. P. Barker, A. Channing-Pearce, V. Pendred, H. W. Beach, J. A. Howard, C. R. Lucas.

Assistant Physicians' Clerks.—Messrs. A. H. Leete, T. P. King, (Dr. Pitt); W. W. Henson, J. S. Barnes, (Dr. Perry); W. C Lawton, L. C. Burrell, (Dr. Shaw); E. S. Worts, (Dr. Washbourn).

Aural Surgeons' Dressers.—Messrs. J. R. R. Pollock, H. B. Wilkinson, (May and June).

Dental Surgeons' Dressers.—Messrs. T. I. Mills, N. Instone, (April and May); A. L. Roper, D. S. Long, (May and June); E. T. E. Hamilton, E. S. Dukes, (June and July).

Dressers in Throat Department.—Messrs. J. J. Culmer, A. Allport, E. G. March, J. W. H. Eyre.

Post-Mortem Clerks.—Messrs. W. C. Pitt, F. P. S. Cresswell, (April and May); E. Huntley, S. G. Floyd, (May and June); A. V. Chapman, (June and July).

Obstetric Ward Clerks.—Messrs. J. R. Evans, C. M. Greenway, J. C. V. Wilkins.

Obstetric Out-Patients' Clerks.—Messrs. F. Cowan, J. D. Thomas, W. D. Macdonald, (1st half); H. G. T. Major, A. H. Card, C. L. Hopkins (2nd half).

Surgical Ward Clerks.—Messrs. A. P. Rainbird, C. E Carpmael, C. R. Colley, J. C Peatson, A. Miller, E. F. H. Hardenberg, C. H. Fagge, J. H. Busteed, P. J. Curtis, R. Serjeant, H. Hewetson, J. C. Constable, H. E. Cock.

Assistant Surgeons' Clerks.—Messrs. F. H. L. Cloud, E. S. Hoare, (Mr. Golding-Bird); C. E. Cooper, E. S Roberts, (Mr. Jacobson); C. S. Bond, T. M. Nicholson, (Mr. Symonds); W. L. Garner, F. A. Evison, (Mr. Lane).

Electrical Clerks.—Messrs. F. G. Saffery, J. G. B. Coleman, L. Bensted, E. C. B. Ibotson, A. H. Card, W. D. Macdonald.

Correspondence.

To the Editor of Guy's Hospital Gazette.

Dear Sir,—Your Correspondent, "Progressivist," has broached a subject of great interest to a large number of men, both junior and senior in this Hospital. During the last year or two the Physical Society has arranged for one or two discussions during the session, but they are always on subjects connected with our profession. What we want is a general Debating Club.

During the winter session, two out of the four Saturday evenings in the month are occupied by meetings of the Physical Society, the Smoking Concert takes up a third, and one still remains open; what better could be done than to arrange for a debate for that night? If only the Presidents of our Society would appoint a Sub-committee to arrange for these discussions—of course on subjects of general interest, political and social topics of the day—I am sure they would be supplying a long-felt want. All they would have to do would be to select the subjects, and to arrange an opener and seconder on each side. If this Society were launched with the great weight of the Presidents of our Physical (or, in other words, the best men in the Hospital) at its back, it would ensure its success, and confer a lasting boon on future generations of Guy's men.—I am, yours truly,

LEONARD A. PARRY.

WANTED: MEDICAL MISSIONARY FOR COREA.

Sir,—Would any one of your readers care to offer himself as Medical Missionary for Corea? Such an officer is required on the staff of Bishop Corfe.

The chief part of the work lies in a small hospital at King-ki-tao, the capital, and there is an annual salary of not less than £150—may be a little more—attached to the office. The hospital is entirely under the management of the Bishop, and it is essential that the Medical Missionary should work loyally with him.

His Commissary in England is the Rev. C. E. Brooke, S. John the Divine, Kennington, from whom further particulars may be learnt, and I shall be glad to furnish such information as lies within my reach.—Yours, &c.,

C. H. BOWDEN.

Chaplain's House, Guy's Hospital, S.E.

Sport.

PAVY GYMNASIUM.

The second Annual Gymnastic Competition took place on Tuesday, the 15th inst., when three squads of five men competed for prizes, presented by Dr. Pavy.

The squads were made up in the following way :—

A. R. Serjeant (leader), B. G. Reynolds, H. E. Elliot-Blake, E. H. Van Someren and J. Moore.

B. H. J. Spon (leader), E. Woods, T. J. A. Tulk-Hart, A. Allport, and W. E. Hills.

C. F. Cresswell (leader), B. Instone, S. Copley, A. W. Sheen and W. D. McDonald.

The competition included exercises on the horizontal bar, horse and parallel bars, and concluded with a hand-over-hand climb up the rope. The various squads set to work well, and the contest was a keen one throughout. Squads A and C soon began to show their superiority, and it become evident that between them lay the result. In the horizontal bar exercises Cresswell's men held the advantage (McDonald scoring full marks for them), while in the horse exercises the A squad obtained the lead by their smartness and neatness. Cresswell worked his team together for the parallel bars, and they again obtained a small advantage; but in the climbing (Serjeant setting his men a splendid example), the latter were once more enabled to draw up with their opponents. After a brief interval, during which Corp. R. Harlow, the instructor, and various members of the Club gave a further display of their gymnastic prowess.

Messrs. Hanson and Farquhar (of the Artists'), who very kindly officiated as judges, announced the result to be a win for Serjeant's squad by 25 points, Cresswell's men being second, with a majority of 63 points over squad B, and that the following took the first, second and third places in the competition, viz :—

1. Spon (168 points). 2. McDonald (163 points).
3. Elliot-Blake (162 points).

ANNUAL BOXING COMPETITION.

First Night.

On the night of Wednesday the 16th, the preliminary heats of the Second Annual Competition were boxed off. The interest in the evening's programme was well maintained throughout, the bouts proving well contested, while some of them were very close and exciting. Messrs. B. J. Angle, J. H. Douglas, E. H. Cousins, E. Doland and T. Godwin very kindly gave their services as officials; and the men were well looked after in their corners by Jem Knowles and Jem Bond. "Time" was called for the first bout a little after 8 p.m., the feathers opening proceedings. Events closed with a three round exhibition spar between Knowles and Bond. The result of the evening's work left the following men in the finals. E. Morgan and J. W. H. Eyre in the feathers, D. W. Martin and P. E. Tresidder in the middle-weights, and M. E. Tresidder and E. M. Scott in the heavies. Appended are details.

Feather Weights—First Series.

E. Morgan beat J. H. Roberts.

Round 1.—Considerable interest attatched to the meeting between these two. When the men came together it was seen that Roberts had the advantage in height and reach. That business was meant was soon apparent for heavy hitting was the order of the day. Roberts weaved in and swung left and right heavily, but Morgan cleverly avoided. The round mainly consisted of rushes by Roberts with heavy right and left swings, Morgan showing himself very smart on his feet, and making good use of a very quick left. Towards the end of the round there were some good two handed exchanges, and punishment was fairly distributed.

Round 2.—Roberts resumed his swings, but Morgan timed them, and made play with both hands. Good exchanges filled in the round, and when the men went to corners they both showed signs of the heavy work.

Round 3.—Both were eager and mixed it willingly. Morgan's right was conspicuous in this round, as he got home some good swings on the head. At the conclusion, the judges were unable to separate the men, and an extra round of two minutes was ordered.

Round 4.—Roberts abandoned knocking out tactics and settled down to steady boxing, but finding that Morgan was scoring the faster, for the little one's left was hard at work, he again attempted to force matters, but was well met, and "time" was called with both men rather wearied but still hard at it. Morgan's quickness had put him ahead, and he was returned the winner of a stubborn bout.

J. W. H. Eyre, a bye.

Jem Knowles put on the gloves with Eyre, and treated the amateur with good nature.

Light Weights.—First Series.

P. E. Tresidder beat W. Bird.

Tresidder had the pull in reach and height. Bird forced the pace, and kept up a series of rushes with left and right, Tresidder replying with straight lefts, left hooks, and an occasional right on the body. Both had the satisfaction of painting each other. Bird's continual rushes made him tire in the third round, and Tresidder, taking advantage of the opportunity, scored rapidly, and finally secured the award.

D. W. Martin beat H. Pern.

Round 1.—This was a capital bout. Martin led off with the left and Pern crossed quickly with the right. Pern was very quick, but had to be twice cautioned by the Referee for hitting with the open glove. Martin kept his left going briskly, while Pern replied with rapid right swings, and repeatedly rushed Martin to the ropes, banging left and right on the head.

Round 2.—Martin's continual jabs with the left began to take effect, bringing "the fluid" freely and steadying Pern.

Round 3.—Martin pegged away with the sinister member and Pern fell weak. Martin then became actively aggressive, and kept his glove on Pern's face; the latter occasionally got home with right swings on the

head, but the blows lacked force. Scoring being fast towards the end, Martin was returned the winner.

P. F. Henry beat W. C. Pakes.

This bout was of a light description, and seemed rather tame after the earnest fashion in which the last was contested. It was characterized by some amusing rushes by Pakes, in which little damage occurred to either. Pakes slipped down in Henry's corner, and finally dying completely away allowed Henry, who had been scoring steadily between the rushes, to claim an easy win.

E. Morgan beat A. B. Creak.

Round 1.—Creak led off with a long left but was stopped. There was some rather neat boxing in this round, Creak leading with lefts for the head, but Morgan's head was seldom in the way, and the little one replied with pretty right counters. Creak tried the right a few times, but was out of range.

Round 2.—Morgan scored very fast with both hands. Creak, although receiver-general, boxed very steadily and tried now and then to bring his right across.

Round 3.—Morgan forced the pace and drove Creak on the ropes; a good right on the ear relieved Creak temporarily from pressure, but Morgan soon returned, and boxing prettily ran out an easy winner.

Second Series.

P. E. Tresidder beat P. F. Henry.

Round 1.—Tresidder, much the taller of the pair, made use of his advantage in reach, and scored well with the left on the face.

Round 2.—Henry showed improved form, getting in some left swings on the face, and right body punches; but he came rather weak out of a rally on the ropes.

Round 3.—Both commenced quickly and good exchanges took place in the centre of the ring. Henry occasionally rushed, but Tresidder, keeping his left going, was ahead when "time" was called.

D. W. Martin beat E. Morgan.

Round 1.—Martin, who had the advantage in weight and height, set about his clever and tricky opponent in very determined style. He kept his left going hard and often, and at close quarters delivered telling right arm punches in the ribs. Morgan boxed well and neatly, and got home some useful lefts. Both men countered very prettily.

Round 2.—Martin kept after his man, fighting for head and body. Morgan boxed gamely and cleverly, but weight told and he could not stall off his determined antagonist. At length he had to break ground and try defensive tactics, but Martin followed up closely, and when "corners" sounded Morgan was worried.

Round 3.—This was a repetition of the second. After a sharp struggle Morgan had to give way, and Martin followed up steadily, using both hands with effect. Although fighting a losing battle, Morgan lost no opportunity to score, and repaid Martin's heavy favours with flush hits with the left and right swings on the ear. The call of "time" was as welcome to the winner, Martin, as to his plucky little opponent.

Heavy Weights—First Series.

E. M. Scott beat C. G. Burton.

Round 1.—The men lost little time in getting to work, both leading with the left. Some heavy infighting took place and out of a warm rally Burton went down. Scott, forcing the pace, took a strong lead.

Round 2.—In this round there was some rather loose fighting, the men using both hands.

Round 3.—Burton improved his chances, and Scott was tiring fast; but still keeping up his score fairly well, the latter was eventually declared the winner.

M. E. Tresidder a bye.

W. Reckitt boxed the bye with Tresidder.

Second Night.

On Friday night the Gymnasium was again crowded, as the final bouts were to be decided and a gymnastic display to be given. Dr. Pavy again kindly came down to take the chair, being well supported by the Dean, Dr. Shaw, Messrs. Golding-Bird, Dunn, Targett, Tubby and Fripp.

On a table on the platform the very handsome prizes were displayed; those for gymnastics being kindly presented by Dr. Pavy, while Mr. G. A. Skinner, with his usual generosity, gave those for boxing.

In the unavoidable absence of Mr. J. B. Angle, Mr. Douglas officiated as referee; Messrs. Cousins and Goodwin being the judges.

Final Feather Weights.

E. Morgan beat J. Eyre.

This contest was of rather a tame character; Morgan letting his less able opponent off very lightly, and only winning on points.

Final Light Weights,

D. W. Martin beat P. E. Tresidder.

This was rather a surprise, as Martin, who had evidently not recovered from his previous contests, did not so completely overwhelm Tresidder as was expected; the latter boxing very pluckily, and using his left hand well, made a very good fight, and in the end victory rested with Martin by a few points only.

Round 1.—Martin led off, but Tresidder kept away and made the best use of his longer reach. Martin pressed his man on the ropes, scoring heavily.

Round 2.—Martin appeared the fresher, and still did most of the leading. Some in-fighting ensued in which Martin held the advantage. After this even exchanges took place, both showing signs of their previous exertions and confining themselves to body punches.

Round 3.—Tresidder, who showed evidence of punishment, made a game effort to improve his chances, but Martin, having obtained too great a lead, won, as before stated.

Final Heavy Weights.

M. E. Tresidder beat E. Scott.

Tresidder began operations, keeping well away; but Scott followed up, and, fighting at close quarters, had rather the best of the exchanges. Hard hitting was the order of the day, and after a sharp rally on the ropes,

Tresidder, in trying to break away, slipped down. Things were then quiter, Tresidder doing most of the scoring. The men clinched on the ropes and were ordered to break away. Scott then landed heavily on the mark several times, knocking all the go out of Tresidder. Both were very feeble and held frequently, Tresidder being finally declared the winner.

To wind up the boxing a very interesting exhibition of the fistic art was given by A. Allport and Ted White. Allport, who evoked much laughter by his neat ducking, showed marked improvement since last year.

GYMNASTICS.

After the boxing the gymnasium was cleared, and an excellent display was given by Bligh, Brereton, Elliot, Beak, Instone, MacDonald, Reynolds, Serjeant, Spon, and Wood on the parallels, horizontal bar, rings and vaulting horse Bligh and MacDonald on the rings, and Brereton in all the exercises were especially worthy of mention. The exercises were set by Corp. Harlow, the instructor, who deserves great credit for the way in which he has improved his pupils.

The evening terminated with the distribution of the prizes by Dr. Pavy to the respective winners in boxing and gymnastics.

RUGBY FOOTBALL.

THE SECOND FIFTEEN.

The result of this season's encounters is a glorious one indeed –the record being an unbroken one—our list of matches was a strong one, but in spite of this, we have won every match except one, an achievement which has only once before been accomplished at Guy's by the 2nd fifteen. Here is our "little list":—

Date, 1891.		Opponents.	Result.	For goals.	For tries.	Against goals.	Against tries
Oct.	10	Brockley II.	won	3	1	—	—
„	17	Dulwich College	won	—	2	—	—
„	24	Middlesex Wanderers' II.	dwn	—	2	—	—
„	31	Crusaders	won	—	4	—	—
Nov.	7	St. Thomas's II	won	1	2	—	—
„	9	Finsbury Technical Coll.	won	3	3	—	—
„	21	Kensington II	won	1	—	—	1
„	28	St. Bartholomew's II	won	1	1	—	—
Dec.	5	Crusaders	won	1	5	—	1
„	12	Brockley	won	—	2	—	1
1892.							
Jan.	30	Wickham Park II	won	1	—	—	—
Feb.	6	St. Bartholomew's II	won	2	3	1	—
„	13	Catford Bridge	won	—	3	—	—
„	27	Middlesex Wanderers' II.	won	1	3	1	—
				—	—	—	—
			Totals	14	31	2	5

We have thus won 13 matches and drawn 1; points for—132, against—20.

To this score Spon has contributed 13 tries; Van Someren 10 tries; Hicks 7 tries; Pern, Dudgeon and Lichtenberg 2 each; and the following 1 each, viz.: Brereton, Carpmael, Clarke, J. Moore, B. Instone, H. M. Stewart, Collins, Peake and Rowland.

During the season forty-one members of Guy's Hospital Clubs' Union have played for us. Of the forwards—who, although at times seeming completely disorganised, have played a sterling game, doing remarkably well against opponents of heavier calibre—special mention must be made of Van Someren, who was the best man in the pack at the latter part of the season (his play at first being a trifle over eager). Robertson, whose play in the open has been exceptionally good, Pern, a hard-working man, Steward and Moffat, Clarke, Pantin, and Thomas, old cup-tie men, were also a great addition of strength when they could play for us. Behind, we changed about from Saturday to Saturday. At half, Peake, an old tried hand, and Stewart, whose form was consistently good, played most regularly; Booker and James being efficient substitutes for them on the several occasions they were unable to play. At three-quarters, nine men have played; Hicks and Lichtenberg both played well at centre, their kicking being specially good. Carpmael, in the wing, tackled well and ran well, though his passing was hardly so good. Webb and Jones, both first year's men, showed promise of things to come. Duffett is an institution, at full back, which the Second XV. could not do without for the present, though his place was ably filled by J. Moore in the few matches from which the former was absent. At a meeting of the team on the 9th ult., Spon and Van Someren were voted the "Honour Caps." H. J. SPON, Captain.

Birth.

CREED.—On March 17th, at Rathkeale House, Girdler's Road, West Kensington, the wife of Charles Philip Creed, M.R.C.S., L.R.C.P., of a son.

Advertisements.

The Grove, Jersey.
Proprietor, F. Neel Gaudin, M.P.C., M.R.C.S., L.S.A.

A HOME for the Treatment of Nervous and Mental Diseases, both sexes. Handsome Mansion in Park of 11 acres, besides gardens and farm land. Healthily situated on high ground, with extensive sea views. Associated and single rooms, and self-contained suites of two, three or four rooms. Sea bathing (hot and cold). Usual amusements and occupations.—For terms and particulars, &c., apply to Charles Caldecott, M.B., B.S.Lond. (Guy's), Resident Medical Superintendent.

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M.D. Lond., F.R.C.S. Eng., married, residing in a commodious house facing the sea, with tennis court in front, also good balcony, wishes to receive two or three RESIDENT PATIENTS. Drainage of house guaranteed *perfect*. Terms moderate.—Apply M.D., Carlton House, Dalby Square, Margate.

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TWO GUY'S MEN, qualified both socially and professionally, and each about 34 years of age, seek a good-class Practice in or around London, or in South of England. Can invest £2,000 to £3,000.—J., c/o Mr. Wells, Guy's.

Notice.

All Communications, Articles, Letters, Notices, and Books for Review, should be forwarded, accompanied with the name of the sender, to the Editor, Guy's Hospital Gazette, *Guy's Hospital, S.E.*

The annual subscription to the Gazette *is 6/6, post free 7/6. All financial communications, as well as subscriptions, should be sent to the Financial Editor,* Mr. C. H. Wells, Medical Office, Guy's Hospital.

Any of our Subscribers, who may be desirous of having their numbers of the Gazette *for 1891 bound, should leave them with the Librarian as soon as possible.*

The charge for binding in blue, with the Arms of the Hospital in gold, will be One Shilling *and* Sixpence.

Guy's Hospital Gazette,

APRIL 16, 1892.

NOTES OF A CLINICAL LECTURE ON HEADACHE, BY DR. HALE WHITE.

There is now in John Ward a youth whose chief trouble is severe headache, and we have a woman with a cerebral tumour suffering from it, and we have also a child with a cerebral tumour, and have had a case of meningitis. So we may to-day take the subject of headache.

Patients often call neuralgia, headache, but you will, of course, separate the two. Here we shall consider headache only. The various forms may be classified as follows :—

A. Headache due to Organic Disease of the Skull and its Coverings.

1. Pediculi and irritating skin diseases do not give rise to headache, but, of course, may cause smarting, tingling, itching, &c. But the occipital glands may be so enlarged and tender from pediculi and diseases of the scalp, that the patient complains of the pain in them, which he calls headache.

2. Rheumatic headache. Probably has its seat in the muscles and fasciæ of the scalp. Marked tenderness. Patient locates it superficially. It is brought on by cold and draughts. Jaw muscles may be affected, hence pain on opening the jaw. Gums and teeth may ache and be very tender. Rheumatic affections other parts of body.

3. Periosteal. Nearly always syphilitic periostitis. Pain very severe, very persistent, feels deep-seated, compared to a heavy weight or blows of a mallet, &c. It is constant, with exacerbations, especially at night. Usually diffused over one region (occipital, frontal), rarely over whole head. Keeps patient awake. Often exquisite local tenderness, hence pressure of hat may hurt. Early secondary headache often bi-temporal, called "bi-temporal neuralgia." Later on nodes may be felt. Intense persistent headache, always think of syphilis.

4. Cellulitis, subperiosteal inflammation; history of injury, local tenderness and swelling.

5. Chronic thickening of bone. History of blow on head; long while, may be many years before. Headache local, intense, persistent. May be some tenderness. Nothing to be felt externally. Bone thick, hard. Dura mater may be adherent. Man in Stephen, blow 17 years before. Headache intense. Trephined bone found very thick and hard; all thick and hard bone taken away, convolutions under it, atrophied. Complete relief of headache. Youth in Clinical, blow six months ago, local pain and tenderness at seat of blow, possibly the same condition.

6. Ear disease. Inflammation of tympanum, mastoid cells. Orbit. Nose and frontal sinus (common cold). Generally local indications.

7. Malignant disease.

8. Local neuritis (variety of neuralgia).

B. Headache due to Organic Disease of the Brain and its Membranes.

1. Meningitis. Pain may be anywhere, may be very variable in character and distribution; constant, but liable to exacerbations. Oftener sharp, than dull. Sometimes in acute meningitis it is agonizing, patient shrieking with pain

(hydrocephalic cry). Not usually any tenderness. Pain nearly always present. Hardly ever absent in tubercular; may, rarely, be absent in secondary purulent meningitis.

2. Cerebral tumour. Usually a constant dull, intense, severe fixed pain. Not often as sharp, acute or severe as meningitis. The more the growth comes to surface and implicates the meninges, the more the pain is like meningitis. Deep-seated tumours produce pain by increasing the contents of cranial cavity, either by the addition of the tumour or pressure on the veins of Galen distending lateral ventricles, and so dura mater gets pressed against bone. Increase of pressure, often enormous, see thin bones in tumours of brain. Pain may be anywhere, but may be local over the tumour when that is on the surface. Pain often occipital in cerebellar tumours, from local increase of pressure in cavity formed by tentorium and posterior fossa of skull. Headache, if due to tumour, may be increased by posture, coughing, &c. If the tumour is on surface, may be local tenderness and pain on percussion. Rarely, if ever, these signs if tumour is deep seated.

3. Cerebral abscess. Pain like that of tumour, but often much less severe.

4. Cerebral aneurysm. Pain like that of tumour. Patient may complain of pulsation.

5. Cerebral softening due either to thrombosis or embolism. A dull, general, not very intense headache is common.

6. Cerebral hæmorrhage. Headache hardly ever severe, often absent, unimportant.

7. Insular sclerosis, dull headache in early stages.

8. Hydrocephalus unless acute, due to meningitis, no headache probably because the bones can, in infants, yield.

It is stated that if headache keeps patient awake it must be organic. As a rule true, but rare exceptions.

C. Headache Due to Variations in the Amount of Blood in the Cranial Cavity.

1. Anæmia. Dull, heavy pain, especially about temple, brow and vertex. Relieved by rest in bed, lying down. Worse on standing up. Does not keep patients awake. Made worse by anything which exhausts. Other symptoms of anæmia; numerous causes.

2. Hyperæmia. Headache affects the whole of head with sensations of pressure and weight within it. Two varieties.

(A). Active. Often throbbing sensations with flushed face, glittering eyes and giddiness on stooping, due to (*a*) cardiac hypertrophy; (*b*) drugs which dilate arteries, nitro-glycerine, amyl nitrite, other nitrites, alcohol; (*c*) Severe intellectual work or emotion. It is said that under these conditions the vascularity of the brain has been observed to increase in those who have lost a piece of bone from the skull; (*d*)? Sunstroke; (*e*)? Contraction of vessels over large area, as skin, splanchnic area.

(B). Passive. Due to (*a*) mitral or right-sided heart disease; (*b*) obstructive lung diseases, as bronchitis; (*c*) any pressure on superior vena cava, or veins of head and neck; (*d*) muscular feats performed with a closed glottis, as playing wind instruments.

D. Toxic Headaches.

In all the headache is dull and uniform; the head feels heavy; they do not prevent sleep.

(1.) Uræmic. Very common, very obstinate; often the first symptom of chronic Bright's disease.

(2.) Hepatic (popularly called a bilious headache), probably due to poisons formed by perverted action of liver. It is a very common and prominent symptom of hepatic indigestion. Dull, heavy pain on forehead complained of when the patient wakes in morning. Often associated with overfeeding, especially the night before, constipation, pain over liver, furred tongue, flatulence, high coloured urine with

lithates. Relieved by mercurial and saline purgatives and alkalies. Sometimes jaundice gives a headache.

3. Gouty headache. Very common among the subjects of gout. Often takes an uræmic or hepatic form, as these people are very liable to these conditions. Most often it is a dull frontal pain, but it may be local, but without any local tenderness. Often made much worse by exertion, sudden jars, &c. Gout may cause neuralgia, which is very liable to shift quickly from nerve to nerve.

4. Overcrowded rooms give toxic headache, uniform, dull and general.

5. Drugs as anæsthetics, alcohol, salicylates, many narcotics as opium.

E. Pyrexial Headache.

Generally a dull heavy pain not usually severe, but it may be very severe, as in typhoid fever. Probably in some cases it is toxic, in others it is hyperæmic. Increased by stooping, does not keep patient awake. It ceases when delirium begins.

F. Reflex Headache.

1. Hypermetropia, and other errors of refraction. Very important indeed; often overlooked. Never forget these causes in any obscure case of headache.

2. Teeth. Disease of these often causes reflex pain; may be almost anywhere, but nearly always in distribution of fifth nerve, usually neuralgia but may be a genuine headache. Always examine the teeth in obscure cases of headache.

3. Ear disease like that of teeth may give rise to reflex pains and headache.

4. Nasal disease will rarely do the same.

5. Dyspeptic headache. Generally a dull, heavy frontal pain; often associated with constipation and relieved by purgatives. Perhaps it is toxic.

6. Disease of uterus and ovaries very commonly gives rise to headache, especially at menstrual periods.

G. Headache due to Functional Disease of the Nervous System.

1. Neurasthenic headache, due to mental anxiety, worry and other depressing circumstances. Deep seated, heavy, and dull, with a sense of pressure.

2. Hysterical headache. Most common on vertex; often described by patient as like a nail being driven in, hence name "Clavus hystericus." Uusually severe; commonly limited to the spot but may be general.

3. Neuralgic headache. Apart from the pain of neuralgia the subjects of it are liable to headache, sometimes general, sometimes local.

4. Epileptic. A headache may be the aura of a fit. Generally after a fit there is severe headache.

5. Migraine, sick headache, or hemicrania. Always paroxysmal, commonly unilateral. Very intense, made worse by any noise, light, etc. Upper and intellectual classes. Very commonly associated with vomiting, often with spectral phenomena.

THE NEW PHARMACOPŒIA.

Notes by the Secretary of the Pharmacopœia Committee.

(Continued.)

Pruritus.

Ammoniated Mercury 1 drachm
Liquor Carbonis Detergens 1 drachm
Vaseline 4 ounces.

Remarks by Dr. Stamper: "Sedative in lichen, pruritus, &c."—Take of

Glycerine 1 fluid drachm
Solution of Hydrochlorate of Cocaine (4 %) 1 fluid drachm.

Mix.

Recommended by Dr. R. Atkinson for Pruritus.

For Pruritus Ani Dr. Galton recommends a calomel ointment of a drachm to the ounce of vaseline.

For the pruritus of urticaria papulosa (lichen urticatus) Dr. Holmested recommends the following, described as "Hebra's famous lotion":—Take of

Oil of Cade 22 minims
Soft Soap 22 minims
Alcohol 20 minims
Water to 1 ounce.

Remarks: "Relieves the lichen urticatus quickly. Horrid as it smells, children that have once used it beg for it."

Acute Eczema.—Take of
Boroglyceride 1 fluid drachm
Liquor Carbonis Detergens 1 drachm
Water to 1 pint.
Mix.
This is recommended by Dr. Simon.

Acne.—For this disease Dr. Holmsted recommends the following:—Take of
Precipitated Sulphur 60 grains
Spirit of Camphor 30 minims
Lime Water to 1 fluid ounce.
Compare the Lotio Sulphuris, G.H.P.

Dr. Dalton states that the following formula given in Niemeyer's Medicine is the best application known by him for Acne:—Take of
Precipitated Sulphur 2 drachms
Camphor in powder 10 grains
Gum Acacia 20 grains
Lime Water 2 fluid ounces
Rose Water 2 ounces.
Mix for a lotion

Osmidrosis.—Take of
Red Lead 15 grains
Solution of Subacetate of Lead 1 fluid ounce.
Mix.

Dr. B. Duke says that this formula is very effectual in curing excessive and fœtid perspiration of the feet. They must be bathed in the lotion every 8 days.

Toilet Powder.—Dr. Galton recommends—
Oleate of Zinc ½ ounce
Starch 3 ounces.
The powder is useful in intertrigo.

Syphilis.—Dr. R. Wainwright recommends 5 grains of Iodoform suspended in an ounce of Flexible Collodion as a useful pigment for venereal sores. Dr. H. Manley recommends a pill resembling the pilula Ferri Redacti cum Hydrargyro, G.H.P., with the addition of 1 grain of Quinine as a "convenient mild anti-syphilitic tonic daily for long periods."

Tonsillitis, Follicular.—Dr. A. H. Evans recommends a Mixture resembling the Mist. Potassii Chloratis et Ferri, G.H.P., and Dr. Dalton the Mist. Pot. Chloratis Acida; the latter stating that he treated nearly all his cases of epidemic influenza with the mixture.

Dr. Judson recommends the following:—Take
Tincture of Aconite
Tincture of Belladonna
Fowler's Solution, of each 1 minim in ½ fluid ounce of Water, to be taken every hour.

This mixture is for use in "inflammatory sore throats with loss of voice, &c."—Take
Tincture of Guaiacum 20 minims
Glycerine 1 fluid drachm.
Mix for a dose. To be taken every 2 hours. Half a minim of Tincture of Aconite may be added to each dose.

Remarks by Dr. Judson "for use in follicular tonsillitis if the temp. and pulse are high. Continue until relaxation of the bowels occurs, or symptoms subside."

Ulcers.—Several correspondents suggest as an excellent ointment for ulcers Benzoin with various excipients, thus: Benzoin 1 drachm with Lard 1 ounce; Compound Tincture of Benzoin 1 fluid drachm, Zinc Ointment 1 ounce; Benzoin 2 drachms, Yellow Wax 2 drachms, Lard 6 drachms. For my own part I find the Unguentum Balsami Peruviani, G.H.P., a good ointment, with the advantage that the Balsam of Peru being fluid is easier to dispense.—Take
Glycerine of Carbolic Acid
Glycerine of Tannic Acid, of each equal parts.
Mix.

Remarks by Dr. Dalton: "A very useful application to ulcerating cancers. I have had cases kept perfectly sweet by using this, when with other dressings the smell was most offensive. Lint soaked with this is applied to the wound, and covered by absorbent cotton wool."

Children's Formulæ.—Carminative.—Dr. A. H. Evans recommends the following:—Take of
Light Carbonate of Magnesium 15 grains
Tincture of Hyoscyamus 20 minims
Compound Tincture of Cardamoms 30 minims
Syrup 1½ fluid drachms
Anise Water to 1½ fluid ounces.
Mix. Dose: 1 fluid drachm. Compare with this Mist. Carminativa, G.H.P.

Colic.—Take of
Opium Wine 1 to 3 minims
Solution of Carbonate of Magnesium 1 fluid drachm.
Mix. To be taken in Dill Water twice or thrice a day.

Remarks by Dr. Kellock: "For colic, sickness, and diarrhœa. Having prescribed Opium for children for 45 years, I am sure that it agrees with them quite as well as with adults. Watch the pupils; when much contracted, lessen the dose."

Compare with this the caution printed in the Guy's Pharmacopœia of 1837, "Hic addere oportet non nisi Cautissime Opium infantibus exhibendum est interne."

Cough.—Dr. R. W. Murray recommends the following prescription:—Take of
Ipecacuanha Wine 5 minims
Spirit of Nitrous Ether 5 minims
Syrup of Tolu 5 minims
Solution of Acetate of Ammonium 10 minims
Water 1 fluid drachm.
Dose: 1 fluid drachm. Compare with this Mist. Ipecacuanhæ Composita, G.H.P.

Dentition.—Dr. May recommends as a "calmative, alterative, and laxative, during dentition with restless nights" the following formula:—Take of
Bromide of Sodium 80 grains
Liquid Extract of Cascara Sagrada 1 fluid drachm
Glycerine 6 fluid drachms
Water to 3 fluid ounces.
Mix. Dose: 1, 2, or 3 teaspoonfuls every night for a child 1, 2, or 3 years of age.

Dr. Stamper recommends small doses of Carbonate of Potassium for Whooping Cough, and Dr. Galton recommends Phosphate of Sodium in 5 grain doses as a mild aperient for children to be given with food once or twice daily.

(To be continued.)

LARDACEOUS DISEASE.

A Paper read before the Physical Society, December 12th, 1891, by Mr. E. T. E. Hamilton.

Mr. President and Gentlemen,—

The choice of a fitting subject, upon which to discourse before this august and learned Society, is not unattended with difficulty. Lardaceous Disease seemed to me a suitable one for several reasons. It concerns alike physician and surgeon, its pathology is by no means settled, its history marks to some extent the progress of our craft, and, lastly, its elucidation is associated, in no small degree, with the names of teachers in the Medical School to which we are all justly proud to belong.

Hippocrates is nowhere accused of knowing anything about lardaceous disease; the first recorded recognition being by the immortal Hodgkin, in 1832. It is probable, however, that he did not separate it from the disease now bearing his name, because Bright, in a Guy's Hospital Report of 1838, maintained that the condition noticed by Hodgkin was of a malignant nature, and described the spleen as "infiltrated with matter like suet." Carswell, in the same year, affirmed its malignancy, but his published plates show that he applied the name lardaceous (first used by Portal) too widely.

Budd, in his work on "Diseases of the Liver," in 1845, spoke of a "scrofulous enlargement" of that organ, describing it as "waxy" in appearance but albuminous in nature. Later, Rokitansky called it a fatty degeneration, but pointed out that cholesterin was abundantly present. In 1850, Meckel discovered the well-known reaction with iodine, and about a year later, Virchow described a blue colouration, on the further addition of sulphuric acid, in a lardaceous spleen. It had long been an article of faith with biologists that starch was peculiar to the vegetable kingdom, when, in 1845, Schmidt discovered cellulose in the tunics of certain mollusca. This led Virchow to hunt elsewhere for starch, and he thought he had found it when he obtained his blue reaction from Purkinje's corpuscles in the ependyma—the so-called corpora amylacea in the prostate, and from what he called an amyloid spleen.

In 1853, Bennett of Edinburgh, asserted that waxy change was "a primary degeneration of the cells" and independent of any fatty condition. Gardiner at the same time remarked the great resistance to putrefaction presented by the diseased organs, also their increased specific gravity, and enumerated as causes, syphilis and scrofula. Sanders pointed out the microscopic affection of the splenic corpuscles. In 1856, Dr. Wilks shewed that two of the cases, recorded by Hodgkin, as examples of lymphadenoma, were really lardaceous. In 1864, Dr. Pavy, in a vigorous report, controverted Virchow's latest view and concluded that the change was essentially of an albuminous nature, thus confirming analyses by Schmidt and Friedreich and Kekulé. In 1865, Dr. Wilks strongly insisted that lardaceous change was to be regarded as an infiltration, and he distinguished the sago-spleen from the diffuse affection of that organ; at the same time he separated from this disease certain conditions of spleen and lymphatic glands, now known as lymphadenoma, or Hodgkin's disease.

Since that time the subject has been handled by numerous observers, so that I will now pass to a consideration of the chemistry of the subject, as at present understood.

The disease has for its most prominent feature the deposition in the tissues of a very characteristic material known as lardacein; but it must be pointed out that a substance closely allied to, if not identical with it, occurs as a purely local and limited product in the so-called corpora amylacea and colloid bodies under conditions distinct from those affecting the general and widespread change.

Lardacein, as found in the tissues, is a colourless, firm, translucent substance, of high specific gravity, in composition allied to albumin, but differing from it by its greater resistance to dilute acids and alkalis, gastric juice, putrefaction, and by certain colour reactions.

With regard to the latter, the longest known is with iodine, which in weak solutions (five per cent.) stains the lardacein mahogany-brown on a yellow ground; in some cases a blue-black is seen. Dr. Ralfe has shown that other proteids yield a reaction with iodine, viz., acid albumin, ordinary fibrin, alkali albumin, and casein. Besides these, chitin, narceine and some pathological products, *e.g.*, diphtheritic exudation: cellulose does not react to iodine alone. The second or Virchow's reaction, concerning the constancy of which there is some difference of opinion, has been preferred by Kyber in his lengthy and careful researches as being the most reliable test. The section is first treated with a simple aqueous solution of iodine until the healthy tissues are stained slightly yellow and then with two per cent. sulphuric acid. The lardaceous parts become blue after a variable interval. Kyber lays great stress on thoroughly soaking the specimens in distilled water before attempting to stain.

Whether the changes with iodine are definite chemical reactions or simple absorptions is undecided. Most pathologists take the former view.

It was pointed out by Meckel that cholesterin crystals become blue when treated with iodine and sulphuric acid, the change passing centrewards from the periphery; hence, Meckel suggested that lardacein was allied to cholesterin; but iodine alone has no effect on the latter body.

Another well-known stain is methyl violet, which yields a magenta colour to the lardaceous material on a blue ground of healthy tissues. The strength used is up to 10 p.c. solution in water or glycerine; a good method is to overstain and then slowly reduce with dilute acids.

Gentian violet and Paris violet react similarly—according to Kyber; in slight but undoubted cases it fails to detect the change when iodine reacts; and on the other hand it may shew the pink colouration where

microscopically there is no affection. It produces very pretty specimens on the surface of the endocardium and the intima of large vessels.

Other characteristic stains are methyl green, discovered by Curschmann in 1880; indigo sulphate employed by Dickinson, turmeric; carmine stains the material but not characteristically.

Virchow's opinion, that the morbid product was allied to starch, was conclusively disproved by Friedreich and Kekulé, who succeeded in isolating a moderately pure lardacein; and Virchow accepted the inevitable. Friedreich's lardacein was contaminated by a certain amount of fibrin and elastic tissue, but was pure enough for an approximate analysis which yielded a composition very nearly allied to that of albumin. The last named observers also shewed that a diseased spleen contained an increased amount of cholesterin.

Schmidt next showed that lardacein will not give rise to sugar when acted on by amylolytic ferments or other agents; a very important observation. Pavy also found that the colour produced by iodine on starch or dextrine disappeared on heating but returned on cooling; that produced on lardaceous material did not return on cooling.

Kühne and Rudneff, in 1865, obtained pure lardacein. Their method depended on the fact that this substance is practically insoluble in artificial gastric digestion. They first treated the diseased organ so as to get rid of pigment by extracting with cold water, dilute alcohol, and heating in acid alcohol. Next prolonged digestion at 40° C. in artificial gastric juice was employed until the filtrate no longer reacted to the xanthoproteic test. The precipitate on filter was then collected, washed with hydrochloric acid and water, then extracted with dilute alcohol, next with hot absolute alcohol, lastly with ether. The substance thus obtained was free from all impurity, except a small quantity of elastic tissue, which could be separated to some extent by mechanical means. Thus prepared, lardacein is a snow-white powder of high specific gravity giving all the reactions of the morbid deposit in the tissues, but with greater intensity. In many instances a beautiful pure blue was obtained with iodine and sulphuric acid, rivalling, if not excelling, that produced by iodine and starch; in these cases iodine alone always gave a violet shade of brown. The chemical reactions were identical from whatever organ or subject the lardacein was prepared. It is soluble in dilute ammonia without alteration but its other solvents all decompose it. By reprecipitation from the ammoniacal solution, the original substance comes down, and on analysis approaches the composition of albumin.

It gives the xanthoproteic reaction, and responds to Millon's reagent; it is extremely insoluble in gastric juice; its ammoniacal solution is indiffusible; it resists all dilute acids, but is easily soluble in the fuming mineral acids, yielding syntonin and another nitrogenous body which remains in solution. This seems to me to indicate that lardacein is allied to mucin, which, like it, is a more complex compound than albumin. Lardacein is also soluble in concentrated alkalis, but not without change, the products being alkali-albumin and another proteid body. The pure substance is very resistent to putrefaction, and yields negative results with Trommer's Test, with fermentation tests, and with saliva. Since Kühne's researches it has been shewn that Lardacein is slightly soluble in artificial gastric juice after prolonged exposure.

To Meckel's suggestion that lardacein is allied to cholesterin, the above results form an effective reply; but Dr. Pavy has shewn, in addition, that fats such as tallow, lard, pure stearine and margarine exhibit the same reaction as cholesterin with iodine and sulphuric acid. Moreover, he further proved that a diseased liver or spleen reacts after the extraction of all fats; and Marcet has found by analysis that cholesterin is only slightly increased in lardaceous organs.

It is convenient to refer here to what is known about the localised forms of lardacein.

Purkinje first described corpora amylacea in the ependyma of the ventricles, naming them from their resemblance to starch granules, and Virchow, finding that they turned brown with iodine, and blue with iodine and sulphuric acid, concluded that they were forms of animal cellulose. Similar bodies were next described by Rokitansky in the olfactory, auditory, and optic nerves, and later, by Kölliker, in the retina. Soon they were found to be common in the prostate, sometimes red-brown in colour and distinctly encapsuled. They occasionally gave a blue colour with iodine, but, if albumin was also present, green was produced from the mixture of yellow and blue. They may reach a very considerable size here, and are commoner in old subjects. Friedreich first described pulmonary corpuscles occurring in emphysema and other conditions. They are situated in the alveolar walls.

In size these bodies vary from microscopic dimensions up to $\frac{1}{4}$ inch or more in diameter, and the larger ones are apparently formed by conglomerations of smaller granules becoming encapsuled. The laminated appearance produced in some cases no doubt led to their being confounded with starch granules, although no one has succeeded in converting them into sugar by amylolytic methods. Besides reacting to iodine or iodine and sulphuric acid, they yield a pink colour to methyl violet, and stain with carmine and hæmatoxylin. They differ from the general form of lardacein in being limited in their extent; in having no connection with the causation of the former; are generally preceded by some change like senile atrophy, and are often formed by deposition on some apparently inert free body. Moreover, they seem to bear no relation to the vessels. In addition to the above situations they occur also in the pia mater round the medulla oblongata, and abundantly in the degenerated posterior columns in locomotor ataxia, in the white substance of the brain, in the choroid plexus (forming one variety of brain sand), and sometimes in mucous and serous membranes. Further investigation

has discovered lardacein in old blood clots, endocardial thrombi, infarcts, syphilitic scars in the tongue, chronic ulcers, in a tumour of the larynx, in gastric cancer, in the conjunctiva, and in some cartilages wholly independent of visceral affection. In one case Virchow found the local deposit limited to the vicinity of a diseased bone; in another, recorded by Billroth, the axillary glands near a tubercular shoulder were solely affected. Birsch-Hirschfield found lardacein in the mesenteric glands of a patient who had recovered from enteric fever. Billroth and Fitz have both described lymphadenomata of the neck in which lardacein had been deposited.

Lastly, an "artificial amyloid" can be produced post mortem by keeping an intact spinal cord in spirit for some months; masses of the material are found both in grey and white matters and in the spinal nerve roots. This substance shews all the reaction of lardacein except in one minor point, viz., that the pink colour with methyl violet is very evanescent.

The general change is found post mortem, most frequently in the spleen, but it is rarely limited to one viscus, all organs being liable.

The lung and prostate, the membranes of brain and cord, are sometimes found affected in cases of *general* change: in these circumstances the vessels of the prostate are the part attacked and later its smooth muscle tissue. The brain substance and bone have not been recorded as affected; but there can be little doubt that careful investigation will, at least in the former case, shew liability. Next to the spleen in frequency, according to most authors, are the liver, kidneys, intestines and lymphatic glands, in that order. In a series of 280 cases collected by me from the post mortem records of Guy's Hospital between 1876 and 1891, the spleen was recorded as lardaceous 204 times, the liver 170 times, the kidneys 156 times, the intestines 136 times, the stomach 46 times, and the suprarenals 34 times; the lymphatic glands were reported lardaceous in only 9 cases, and the thyroid gland in 5. These last two numbers are probably too small, as Kyber found the thyroid lardaceous 9 times in 15 cases of well marked disease. Dr. Perry agrees that it is frequently affected. In the 280 cases referred to, the testes were said to be lardaceous *twice*, the pancreas *twice*, and the œsophagus *once*, and there was at least one instance of a malignant growth having undergone partial change. This was a case of villous growth in the bladder with a secondary growth in the liver, and in this organ (itself not lardaceous) the neoplasm gave the characteristic reactions. The spleen and one kidney (left) were lardaceous in consequence of cystitis and pyonephrosis of the opposite kidney (right). It is possible that the change in this growth was a local one, and independent of the general disease, but there is no reason why it should not be included under the latter head.

With reference to the pancreas, Kyber states that it is commonly affected in well-marked cases, and the same applies to the suprarenals which were free in only three cases out of 18 selected cases examined. The same observer records 5 cases in which the endocardium and intima of the great vessels were affected, but the larger arteries, as a rule, escape. Recently Newman has described lardaceous change in the subperitoneal fat, affecting its vessels and the envelopes of the fat-cells; also similar changes in the subcutaneous layer.

Examination of a diseased organ shews that it is generally increased in size and it becomes moulded to the neighbouring viscera; the edges are rounded and the specific gravity is increased; the tissue is firm and elastic and the capsule becomes tense and stretched. Wilks and Moxon record a case in which the lardaceous material involved the capsule of the liver, forming a white stratum nearly one inch thick between it and the diaphragm. This case, or one very similar, occurs among the 280 cases collected.

On section of a highly altered organ, the surface appears homogeneous, glistening, pale, translucent—in short, "waxy." The pallor is due to the diminished calibre of the blood vessels, to the pressure of the new material, and to the fact that lardacien is colourless. In a slightly changed organ the naked eye may detect nothing abnormal. Speaking generally, the lardaceous deposit appears first in the subendothilial tissue of the arterioles and capillaries, less commonly, perhaps, in the media. The endothelium and adventitia are more often unaffected. The lumen of the vessel shows, in consequence, uniform diminution with or without spindle-shaped intervals, and the distribution of the change in an affected organ may at first be quite irregular. The areolar tissue suffers most, and the essential cells of an organ usually atrophy before its encroachments. Some authors deny that epithelial cells ever become lardaceous. Wilks and Moxon, however, state that this does occur, and that the cells may be nearly nothing but lardacein. The alteration may start in the connective tissue of an organ apart from its vessels. The disease seems to exhibit a marked predilection for mesoblastic tissues.

The several organs will now be described as found variously affected.

The Spleen exhibits three varieties of the morbid process. Wilks and Moxon distinguished two; a third has been added by Kyber. The first is the well-known sago spleen, so called from the cut surface being studded with shining bodies like boiled sago, usually varying in size from hemp to millet seeds, although in early stages they may be microscopic. The parts which react are the lymphatic sheaths of the arteries in the malpighian bodies. Cornil, in his early writings, failed to describe this, although he figured its occurrence in his plates. On microscopic examination, after iodine and sulphuric acid, the adenoid sheath appears as a blue line on either side of the vessel, the tunica propria of which may be free or but slightly affected. The spleen pulp remains yellow, and is more or less indurated, and Kyber could obtain no evidence that the round cells were ever affected except by simple atrophy. The efferent paths of

the lymphatic apparatus were free, but the lardaceous change sometimes affected the larger branches of the splenic artery and the corresponding veins. The connective tissue of the parenchyma becomes gradually fibroid, and arranges itself concentrically round the malpighian corpuscles, ultimately sometimes becoming lardaceous in their immediate vicinity. The change seems simultaneous in all the malpighian bodies, and, as a result of the affection of the adenoid sheaths, other parts of the same, outside the corpuscle, are atrophied. The change in a corpuscle may begin at the periphery and extend centre-wards or *vice-versâ*. The immediate results of these changes is an impairment of the circulation in the organ, owing to the destruction of numerous arterioles and capillaries, and to the distortion and narrowing of the capillary veins, so that artificial injection becomes impossible.

The second variety is the diffuse or parenchymatous form of the disease. The non-lardaceous parts of the parenchyma shew signs of chronic irritation, viz, increased fibrous tissue with fat and pigment granules, and the adenoid sheaths of the malpighian corpuscles are either fibroid or atrophied without becoming lardaceous. Some round cells are simply atrophied; most of them, together with the intercellular substance, the areolar network, the medium sized arterioles and the capillaries become lardaceous. The trabeculæ may be normal, fibroid, or atrophied; the smaller may shew a blue reaction. The capillary veins are rarely affected, but the larger radicles may be lardaceous, with the main trunk itself—the main trunk of the artery, on the other hand, is rarely more than slightly affected. The malpighian arterioles have a fibroid adventitia and the corpuscle may become wholly fibroid. The results to the circulation are sufficiently obvious. Wilks and Moxon have described cases of diffuse change in which they could no longer recognise the malpighian bodies, no doubt owing to their fibroid degeneration.

In the third form the two preceding are combined; one peculiar feature is that new malpighian bodies seem to be in process of development from lymphatic follicles. These new formations are small and resist the inroads of disease; the old established fall victims. In 37 spleens Kyber found 13 sago spleens, 19 shewing diffuse change, 5 mixed or combined. He also observed lardaceous disease in four accessory spleens. It is expressly stated that the three forms described above are independent of one another; the true sago-spleen never gives rise to either of the other forms. Although in the great majority of cases lardaceous disease is a fairly chronic lesion, Kyber and Cohnheim record examples of an acute lardaceous affection. The effects of a lardaceous spleen are generally said to be anæmia and emaciation, owing to interference with hæmogenesis, but extirpation of the spleen has been successfully performed without much detriment to the patient, and the rarity of the spleen being the only affected organ leaves room for doubt; still, some influence must be accorded it.

The liver presents the usual microscopic appearances described above, and on section the surface is homogeneous with fused lobules or the latter may be distinctly mapped out. As a rule, they are enlarged, and, when not too degenerate, a distinctive ring of brown colour developes, with iodine, in each lobule. This, as first pointed out by Dr. Wilks, corresponds to the intermediate area supplied by the hepatic artery, where the change first occurs in the walls of arterioles and capillaries. It is rarely seen in the small portal vessels, but spreads first to the interacinous connective tissue, round the vessels, and later to the interlobular tissue, which swells in consequence and may split into flakes. Meckel and Virchow assert that the hepatic cells become lardaceous; Wagner and others, on the contrary, maintain that their condition is one of nothing but atrophy, due to vascular impairment and pressure. Kyber takes the same view as Virchow; he isolated cells by pencilling, and found that many react, so that "the liver is the only organ in which the epithelium is extensively affected." The trunk of the hepatic artery and its main branches never suffer, but the hepatic and portal veins are not uncommonly lardaceous, the lesion extending in some cases to the vena cava. Kyber makes a point of the changes in the blood vessels bearing no proportion to the amount of change in the organ generally. He describes three varieties:—The *general*, in which the arterioles, capillaries, cells and connective tissues are all affected, the *parenchymatous*, in which the cells are mainly diseased, and the *connective-tissue capillary* form which describes itself. The general form is most common, and frequently there is an excess of fat in the outer zones of the lobules, whilst the central show much pigmentary alteration. The connective tissue may be slightly increased. A lardaceous liver by itself gives rise to no jaundice, pain, or tenderness; if ascites be present the kidneys are usually affected.

(To be continued.)

GUY'S HOSPITAL DENTAL DEPARTMENT.

Practice during March, 1892.

Gold Fillings	249
Amalgam ,, ...	198
Osteo ,, ...	133
Perm. G.P. ,, ...	11
Temp. G.P. ,, ...	104
Artificial Crowns	20
Scalings	6
Dressings	120
Attendances for Mechanical Appliances	20
,, Extractions under Anæsthetics ...	348
,, ,, without ,, ...	318
Advice	62
Total	1589

Passim.

Aprile has spared us his showres swete up to the present this year, and not only have the weary first year's men had fine weather for holidays, but patients have been out in the park again, builders have made progress with the new laboratories, and the levelling at the Honor Oak ground has gone on apace. About two-thirds of the levelling, as a rough guess from appearances, may now be said to be finished, and turf is being put down fast. But the fine weather ought to come to an end soon; warm rain is wanted to make the turf set. It is not expected, however, that the workmen will be off the ground till the beginning of July. By then the pavilion, the revised plans for which are now almost ready, will be, it is hoped, erected and ready for use.

With April too, comes not only holidays, but changes in the Appointment List, and it is owing to this that we have no "Notes from the Wards" in this number; but before next issue we hope to have a new complete list of subscribers who will be as good in helping us to compile this part of our Hospital news as were those who worked through the last three months.

We have had a photograph of the ground, and the works going on there, given us by the kindness of G. S. & A. C. Hovenden. We hope to be able to reproduce it for next issue that it may serve as a memorial of what the Union has had to do in order to secure this great boon for its members. There is no school or college in London, and few anywhere, that has a finer or more conveniently situated ground.

The Laboratories and Dental Buildings are, we gather, to be opened early in July. It is hoped that it will be possible to arrange for the opening ceremony to take place on the same day as the Prize Distribution and the Biennial Dinner.

Those who have not seen or taken in what has been going on in the neighbourhood of the old Fives Court and Dental Conservation Room, may be interested to know that the quadrangle of buildings rapidly being completed there, contains, besides the large Dental Conservation Room on the second floor and the Dental Laboratory on the first floor, a Chemical Laboratory larger than the old Summer Laboratory, a Chemical Lecture Room, Balance Room, and Chemistry Lecturer's Room; a Bacteriological Laboratory with large windows in the south and east walls, a Physical Science Laboratory, and on the ground floor offices, store-rooms and workshops for that part of the business of the Hospital over which Mr. Chapman presides. There will be a new approach from the Borough, but this will be mainly used, we understand, to enable hearses to drive up to the mortuary without coming through the Hospital.

The old Summer Laboratory—a name which some of us have found to be bitterly appropriate when attending classes there in the winter—will be reserved for public health work. A communication with the new laboratories will be made.

In the standing orders for Assistant Surgeons' Dressers this April, there is a new departure. The new cases are seen in the first instance by the dressers, who select the cases for the Assistant-Surgeon and send the rest to the House-Surgeon. We see at first sight that this will be greatly to the advantage of the patients and of the dressers, the advantage to the House-Surgeon is not so obvious. There are many too who learned a good deal of surgical diagnosis from the House-Surgeon's out-patients who will not appreciate the change.

A new book on Materia Medica by Dr. Hale White, has just appeared. It is about the same size as Mitchell Bruce, but will, we may be sure, be more interesting, and the Physiological

side of the subject more adequately treated. Appendices on Non-Pharmacopœial Remedies Vegetable Natural Orders, and Prescription phrases are added.

Dr. Washbourn has gone over to Rome.

A Scholarship of £100 for original research in a subject requiring for its elucidation both chemical and bacteriological work, has been recently advertised in the *Times* and elsewhere. We would remind Guy's men intending to apply for it that they must send their names to Surgeon-General Cornish, at the College of State Medicine, 101, Great Russell Street, W.C., on or before April 18th. They must be prepared to give the whole of their time for a year to work in the College of State Medicine Laboratories.

An exciting episode in the annals of a free patient hospital in Spain recently took place. A resident officer was being discharged against the wishes of the patients, which, however, were disregarded. The result was a revolt. The patients built up a barricade with mattresses, and from behind this the ladies pelted the officials with medicine bottles and other crockery. A police colonel was seriously wounded, but his forces won the day.

The editors of the *Corpuscle*, a medical students' journal, seem to think that theirs is the first paper of the kind in the field. "Is the light of our bright little contemporary the Guy's Hospital Gazette," says the *B.M.J.*, "so hidden under a bushel that no glimmer of it has found its way to Rush Medical College?" We appreciate the compliment paid us by our more voluminous contemporary.

A correspondent writes backing up "Progressivist" in his endeavours to obtain a school of oratory for first and second year men as efficient as the Physical Society is for their seniors. We have not heard of any further steps being taken in the matter as yet.

We are glad to see Mr. Mackeson back again in renewed health and spirits, and overflowing with good stories. Still, there is no truth in the rumour that the Gazette will come out in pink next week.

In our next number we hope to give our readers some notes on the coming cricket season. The Vice-captain informs us that there are eight of last year's team still available, and four or five good men coming up.

An error crept into a note in our last number which was overlooked till after it had gone to press. We spoke of Mr. L. E. James as succeeding Dr. Shaw as Secretary to the Club: it should have been, of course, Mr. A. Allport as Assistant Secretary. Mr. Fripp succeeded Dr. Shaw as Secretary some time ago.

Messrs. Stanford & Co., promise us that the mounted maps of the Charity District will be ready on Tuesday next. They will be procurable from the Librarian or from the Medical School Office. We are sorry there has been this delay; but are only indirectly responsible.

THE FIVE YEARS' CURRICULUM AND THE NEW SYLLABUS.

As is now well known, the Medical Curriculum for all Students entering on or after January 1st, 1892, has been extended to five years. The alterations which have been made in the syllabus are consequently important, and in the subjoined abstract of that publication all innovations and noteworthy clauses are printed in italics, with the exception of the requirements for the Final Conjoint Examination which are almost entirely new. Beside the extension of time the chief changes are the introduction of a new Section called Elementary Biology in place of Elementary Physiology; that both subjects of the Second Examination must be passed at one and the same time; and that a knowledge of Ophthalmology, Fevers, and Lunacy is required for the Final Examination. The importance of these changes cannot be denied,

whether from the point of view of the student as an individual, or the profession as a whole, or, indeed, our patients as a community. But on the present occasion we cannot attempt to criticise them, however interesting it would be to speculate upon the probable results of these changes, and how far they serve the best interests of the profession.

In our abstract we have selected the regulations belonging to each of the four examinations, and tabulated them together with the subjects of the examinations under separate headings. All regulations relating to "referred" candidates are omitted, as they have little or no interest for Guy's men.

FIRST CONJOINT EXAMINATION.

Regulations.—The following certificates are required:—

1. Of Registration.
2. Of having received instruction in—
   - (*a*) Chemistry, Physics in relation to Chemistry, and Practical Chemistry.
   - (*b*) Practical Pharmacy.
   - (*c*) Elementary Biology.
   - (*d*) Elementary Anatomy.

Note.—*a*, *b*, *c*, may be studied before registration.

The examination is partly written, partly oral, and partly practical. The word "practical," as applied to Elementary Biology, probably means examination upon dissected biological specimens, otherwise the leech and tape-worm would be in danger of extermination, and our profession of thus losing a time-worn friend and foe. There are no other alterations in the regulations that need comment. As formerly, the candidate may present himself in each of the four parts of the examination separately. Practical Pharmacy may be deferred till the third examination.

Subjects.—The synopses relating to Chemistry and Practical Pharmacy have been published. The latter has been largely re-written; hence all intending candidates should obtain a copy. The subjects in Elementary Anatomy have not been altered.

The synopsis of the new section of this examination, viz., Elementary Biology, has been published already in the Gazette, but its importance may justify a repetition.

Elementary Biology.

1. Chemical composition and properties of Protoplasm. Nature of cells. Cell-division. Outlines of cell—structure of chief tissues of plants and animals. Fertilization, and the early stages of development.

2. Unicellular organisms. Outlines of organization, and life-history of Amœba, Gregarina, Vorticella, Yeast Plant, Bacteria, Protococcus and Glœocapsa.

3. Chief differences between Plants and Animals.

4. Anatomy, life-history and embryology of Hydra.

5. Anatomy and life-history of the Leech, the Liver-fluke, the Tape-worms and the Round-worms.

6. General and distinctive characters of Vertebrate Animals.

7. Comparison of Man's structure with that of other Mammalia.

SECOND CONJOINT EXAMINATION.

Regulations.—The following certificates are required:—

1. Of one year's dissection of the whole human body.
2. Of having attended—
   - (*a.*) Lectures on Anatomy for six months, *subsequent to the course in Elementary Anatomy.*
   - (*b.*) Lectures on Physiology.
   - (*c.*) Practical Physiology, including Histology, for *six* months.

Subjects.—The subjects are Anatomy and Physiology. The synopsis of the latter subject has not been altered.

The most important changes with regard to this examination are:—

(1.) *That candidates will be required to pass in both subjects at one and the same time.*

(2.) That six months must elapse between passing *the whole of the First Examination* and admission to the Second Conjoint Examination.

THIRD CONJOINT EXAMINATION.

Regulations.—Certificates of attendance on the following lectures, classes, &c., are required:—

- (*a.*) Medicine for six months.
- (*b.*) Surgery for six months.
- (*c.*) Midwifery (gynæcology not specified) for three months.
- (*d.*) Pathology, *including practical instruction in Pathological Histology*, for three months.
- (*e.*) *Pharmacology and Therapeutics for three months.*
- (*f.*) Forensic Medicine, *including Insanity*, for three months.
- (*g.*) *Public Health.*
- (*h.*) Systematic Practical Instruction in Medicine, Surgery and Midwifery.
- (*i.*) Operative Surgery.
- (*k.*) The practice of Medicine and Surgery, including Clinical instruction during *two* Winter and two Summer Sessions.
- (*l.*) Post mortem demonstrations, *including practical instruction in making post mortem examinations*, for one year.
- (*m.*) Clinical Lectures on Medicine and Surgery for nine months.
- (*n.*) *Twelve Clinical or other Lectures, with practical instruction in Diseases peculiar to Women.* This may be deferred till the Final Examination.
- (*o.*) The appointments of Medical Clinical Clerk and Surgical Dresser for six months each.
- (*p.*) Attendance on twenty Labours.

Subjects.—The subjects of the Third Examination are:—

Part I.—Medicine, including Medical Anatomy, Pathology, Practical Pharmacy, *Pharmacology (Physiological action of Drugs)*,

Therapeutics, *Forensic Medicine*, and *Public Health*.

Part II.—Surgery, including Pathology, Surgical Anatomy, and *Apparatus*.

Part III.—Midwifery and Diseases peculiar to Women. As stated above, this may be deferred till the Final Examination.

Each of these parts may be taken separately. The synopses of Pharmacology, Forensic Medicine, and Public Health are *not* yet published.

FOURTH OR FINAL CONJOINT EXAMINATION.

Regulations.—The following certificates are required:—

1. Of having attended Hospital Practice for twelve months after passing the Third Examination;
   Or, six months' Hospital Practice, and six months' Clinical Study at two other Hospitals or Infirmaries recognised by the Board.
2. Of having received instruction in Vaccination.
3. Of having attended Clinical Instruction in Ophthalmic Surgery at a Hospital recognised by the Board, during three months.
4. Of attendance at a Fever Hospital.
5. Of having attended Clinical Demonstrations at a recognised Lunatic Asylum.

Candidates may fulfil the requirements marked 2, 3, and 4, at any time after passing the Second Examination.

Subjects.—The subjects of the Fourth or Final Examination are Clinical Medicine, Clinical Surgery, and Midwifery and Diseases peculiar to Women (if not passed at the Third Examination). The examination in Clinical Medicine and Surgery consists of written papers and *viva voce* on patients. Both these subjects must be taken at the same time. *To pass in one, half pass marks must be obtained in the other.* Candidates are admitted to this examination at the end of five years after registration, and one year after passing the Third Conjoint Examination. Curiously enough no minimum age limit is required of the candidate. Doubtless it was supposed that any student who survived this truly fearful ordeal would have all his epiphyses united, and his wisdom-tooth well above the horizon. J. H. T.

UNIVERSITY NOTICES.

UNIVERSITY OF OXFORD.

Examinations in Medicine and Surgery, 1892.

The Final Examination for the Degree of Bachelor of Medicine will commence of Monday, June 6, at 10 a.m., in the Examination Schools.

The Examination for the Degree of Master in Surgery will take place on Thursday, June 16.

The First Examination for the Degree of Bachelor of Medicine will commence on Thursday, June 23, at 10 a.m.

The Secretary to the Boards of Faculties gives notice that he will be in attendance at his office in the Clarendon Building on Saturday, May 21, from 9.30 to 10.30 a.m., and from 2 to 3 p.m., for the purpose of receiving names of candidates for the Second Examination for the Degree of M.B.; on Friday, May 27, from 2 to 3 p.m., for the purpose of receiving names of candidates for the Examination for the Degree of M.Ch.; and on Friday, June 3, from 9.30 to 10.30 a.m., and from 2 to 3 p.m., for the purpose of receiving names of candidates for the First Examination for the Degree of M.B. Names, with the statutable certificates and fees, may be sent to him by letter at any time not later than the above-mentioned days respectively.

UNIVERSITY OF CAMBRIDGE.

Third Examination for Degrees of M.B. and B.C.

Part I.

Tuesday, April 26, 9 a.m. to 12 m.—Principles and Practice of Surgery.

Wednesday, April 27, 9 to 11.30 a.m.—Midwifery.

Friday, April 29, 9 a.m.—Oral Examination in Surgery, and Surgical Operations. 4 p.m.—Oral Examination in Midwifery, and Surgical Operations.

Saturday, April 30, 9 a.m.—Oral Examination in Surgery and Midwifery, and Surgical Operations. 11 a.m. and 2 p.m.—Clinical Examination, and Application of Surgical Apparatus (at the Hospital).

Monday, May 2, 11 a.m. and 2 p.m.—Clinical Examination, and Application of Surgical Apparatus (at the Hospital).

Part II.

Tuesday, April 26, 2 to 5 p.m.—Principles and Practice of Physic.

Wednesday, April 27, 2 to 5 p.m.—Pathology.

Thursday, April 28, 9 to 11.30 p.m.—Medical Jurisprudence. 2 to 4.30 p.m.—Elements of Hygiene.

Friday, April 29, 9 to 11 a.m.—Therapeutics.

Tuesday, May 3, 10 a.m.—Clinical Examination (at the Hospital). 2.30 p.m.—Microscopical Specimens, and Oral Examination.

Wednesday, May 4, 10 a.m.—Clinical Examination (at the Hospital). 2.30 p.m.—Prescriptions, and Oral Examination.

Thursday, May 5, 9.30 a.m.—Clinical Examination (at the Hospital).

Friday, May 6, 9.30 a.m.—Clinical Examination (at the Hospital).

Examination for Degree of M.C.

Friday, April 29, 9 a.m. to 12 m.—Pathology, and Principles and Practice of Surgery. 2 to 4 p.m.—Essay on Surgical case and Topic relating to Surgery.

Saturday, April 30, 12 m.—Oral Examination. 2.30 p.m.—Surgical Operations and Surgical Anatomy.

Monday, May 2, 12 m.—Clinical and Oral Examination (at the Hospital).

The certificates of candidates, accompanied by their postal addresses, must be sent to the Registrary on or before the fifth day before the beginning of the Examination for which they are entered.

The fees for each Examination must be paid to the Registrary when the certificates are sent in. The fee is £2 2s. for *each part* of the Third Examination, and £3 3s. for the Examination for the degree of M.C.

DR. HALE WHITE'S MATERIA MEDICA.

Before going to press we were able just to get a glance at this book. It will so quickly become widely known among our readers, that if we wish to introduce it to them with a welcome, we must lose no time in doing so, even if we cannot go into it in detail. The book is small; in size it is about the same as the familiar text-book of Dr. Mitchell-Bruce, but the type is larger. At first sight it reminds one of that text-book in many points, but on looking into it more carefully, differences appear which are the differences between a carefully worded, well arranged, intelligible book, and one that is confused and overloaded; between a book from which it is easy to get clear ideas, and one from which it is difficult to get any.

Three points in the arrangement of the subject-matter strike us at once as likely to make it valuable to students. The first is that the drugs are arranged in groups according to their principal properties, the properties in virtue of which they are included in the Materia Medica; it is in this association rather than some artificial classification, on a botanical or other basis entirely foreign to the subject, that it is alone possible to learn the subject; and the same plan makes it easy for those who are not erudite botanists to refer from one part of the book to another. The second is that each drug, after all that is necessary has been said of its Pharmacy, is dealt with under two heads, its action and its application, or pharmacology and therapeutics; this is what students who wished to make head or tail of the subject, have hitherto had to do for themselves. The distinction is simple, natural and intelligible. A subdivision of the pharmacology is made where necessary, viz., toxicology, and the treatment of acute poisoning is given immediately after the symptoms and post-mortem appearances. The last is that in enumerating and defining, early in the book, the different forms of pharmacopœial preparations, tinctures, extracts, &c., in each case, a complete list is given of the instances in the B.P., arranged according to doses. This, again, is what we have had hitherto to do for ourselves when learning doses, and those who have had the patience to do it in any case can testify to the assistance it gives in enduring this ordeal.

On these grounds, the book must be valuable to students preparing for examinations. But in addition to this the therapeutical side is treated in such a way as to be of constant use in the practice of medicine. Many valuable hints, for instance, are included as to how drugs may best be prescribed, and we noticed formulæ for many ointments. In an appendix the commonest non-pharmacopœial drugs are dealt with, and, in its proper place, in another appendix, is the botanical classification of drugs as a concession to the botanists.

Mr. J. B. BETTINGTON.

Mr. J. B. Bettington has gone back to Australia, and our only consolation is that he hasn't taken brother Jack with him. Though all who knew him cannot but regret his departure, it goes without saying that his loss will be most severely felt in the cricket team, of which he was perhaps the most consistent and invaluable member. Mr. Bettington joined Guy's three years ago and ever since has done yeoman service for the Hospital in the cricket field. He was probably the best class bowler we have ever had at Guy's, always keeping an excellent length and breaking both ways, and as a bat was always ready with an odd 20 if wanted.

The way he knocked out Charing Cross in the final tie last year will be long remembered by all Guy's men. After passing the Second College Mr. Bettington turned his attention to veterinary surgery, which he was studying at the time he was suddenly called back to Australia.

Personally Mr. Bettington is very quiet and very popular; he is a good shot, an excellent horseman, and it will be a very long time before Guy's again possesses so keen a sportsman. He has high ideas of his duties and responsibilities, and there could be no man more fit to undertake the management of the great estates which he has been called home to take in hand, for he is a real good all round man, not only in a sporting sense but in the best and widest application of the term.

PRIZE EXAMINATIONS.

Golding-Bird Prize.

1. An adult patient presents a swelling of the face over the area represented by the anterior wall of the Superior Maxilla; it is deeper than the skin, which is not involved. Discuss the probabilities in such a case as to the nature of the swelling; and explain how you would carry out your investigations. 2. A child, æt. 7 years, has lately begun to limp and to complain of pain, referred to the inner condyle of the femur; the mother states that the child at times starts in his sleep, yet is not in the day at all disinclined to run about; now and then she is sure the knee is red. How would you investigate the child's condition; what circumstances might explain it? 3. A swelling in a woman's breast is partly cystic, partly solid. What may be the nature of such a swelling; how would you arrive at the conclusions you give; and how would the microscope help you in confirmation of your opinion, supposing the swelling had been subsequently removed. 4. What are the various methods of testing for the presence of glucose in urine, and compare their delicacy? Discuss in detail the difficulties and fallacies of each method, and the precautions you would adopt in order to apply them for accurate quantitative estimation. 5. What is the practical value of the use of the syphygmograph? Classify the varieties of tracings (giving diagrams), pointing out their characteristics and the circulatory conditions and diseases to which they correspond. 6. Give a complete list of the physical signs and symptoms which ensue on paralysis of the right superior oblique muscle. How would you investigate such a case?

Michael Harris Prize.

Anatomy.—1. Describe the steps of a dissection by which you would expose the vertebral artery on the posterior arch of the atlas, mentioning in order the parts met with. 2. Give the position, course and mode of insertion of the flexor tendons of the fingers. Describe in detail their sheaths and bursæ, and the various bands included under the general term "vincula accessoria." 3. Describe the auricles of the heart, noting all the orifices and parts named in the interior of each. Give an account of the structure of their walls. 4. Describe the articulations and ligaments by which a typical rib is connected with the vertebral column. 5. Give the relations and structure of the stomach, its normal variations in position, and an account of its development. 6. Describe the lumbar plexus, and trace the obturator nerve to its termination.

Michael Harris Prize.

Anatomy.—1. Write a full account of the hyoid bone. 2. Give the steps of a dissection required to expose the distribution of the superior gluteal nerve. 3. Give a list, in their order, of the parts interfered with by removal of the last rib by an incision through the skin. 4. Give the nerve supply of the following muscles, and trace the nerves from their origin to the part of the muscle which they enter:—Obturator internus, subclavius, anconeus, sternothyroid, palatoglossus. 5. Describe the following arteries:—Superior intercostal, bronchial, basilar. 6. Write an account of the receptaculum chyli and thoracic duct.

Beaney Prize.

Pathology.—1. What are the various forms of hydatid cyst and their most common situations? Describe their structure, mode of growth, and any changes which may arise accidentally in them. Give the life history and anatomy of tænia echinococcus. 2. Describe in detail the several pathological conditions which may result from the presence of gall-stones. State the composition of gall-stones. 3. What are the various conditions and diseases with which cyanosis may occur? Discuss its pathology. 4. Under what conditions does optic neuritis develop? What are the various theories which have been put forward to explain its occurrence? 5. What tubercular lesions occur in the genito-urinary tract? Discuss their pathology. 6. Describe the several pathological conditions which may result from a heavy blow on the head.

PRIZE WINNERS.

THE ARTHUR DURHAM PRIZES.

Second and Later Years.

Mr. R. F. Clark, Prize £15.
Mr. J. H. Horton, Certificate.
Mr. H. A. Moffat, do.

First Year.

Mr. N. H. Pike, Prize £5.
Mr. R. H. Ashwin, } Equal Certificate.
Mr. A. G. Butler, } do.

THE GOLDING-BIRD PRIZE AND MEDAL.

Mr. C. S. Pantin.

THE BEANEY PRIZE.

Mr. A. M. Daldy.

THE MICHAEL HARRIS PRIZE.

Mr. H. A. Moffat.

RECEIVED,

With the Editors' thanks.

Annual Report of the Scarborough Rural Sanitary Authority.—R. Cuff, M.B.

Concerning the Kinsmen and Friends of Insane Patients.—Frank Ashby Elkins, M.B., Assistant Physician Royal Edinburgh Asylum.

The Tocsin.

The "St. Thomas' Hospital Gazette."

We have also received samples of Sacklin's Patent Ready-made Linseed and Mustard Poultices. These are so made that they are ready for use as soon as they have been dipped in boiling water. It would be a great blessing if some such invention could always be found in every house visited by a medical practitioner. We have not made actual trial of them on ourselves, but were tempted to, so clean do they look as compared with the familiar home-made poultices. Landladies like them.

Sport.

ASSOCIATION FOOTBALL.

SURREY COUNTY SENIOR CUP.—FINAL TIE.

GUY'S HOSPITAL v. REIGATE PRIORY.

This match was played at Guildford on March 26th before a very enthusiastic crowd of spectators, Guy's having a great many supporters. Guy's kicked off, playing down hill, but the Reigate men were soon very busy at the Hospital end. Packer cleared, and our left wing went away, but were soon pulled up, and Reigate returned to the attack, and Lowe just managed to turn aside a shot from Welch. Guy's got very well together after this and gave the Reigate backs all their work to do to keep them from scoring, but the ball was taken just to one end and then to the other, Guy's back play being especially good, and Packer being loudly applauded time after time for using his head well. After about 20 minutes some good passing by our forwards took the ball down to the Reigate goal, and Fitz-Hugh putting in a shot, their goal-keeper caught it, but before he could get rid of the ball the Hospital forwards rushed on him and hustled him and the ball through the goal, Guy's thus scoring the first point. On re-starting Guy's continued to have the best of matters, Fitz-Hugh very nearly scoring on two occasions. It then began to rain heavily, which seemed to suit the Reigate men, as they began to press, and Lowe was called upon to save, which he did brilliantly. Half-time was called with Guy's leading by one goal to none. After the interval Reigate began to get the best of it, the Hospital back division having to work very hard, and at last our opponent's right wing got down to our end and sending the ball across the mouth of our goal, F. J. Nightingale easily scored, and very soon after re-starting Timmis from full back put in a long dropping shot which puzzled Lowe and went through. Guy's left wing seemed unable to do anything on the slippery ground, but Fisher and Pendred occasionally made runs down to the Reigate end, but they were never very dangerous, and our opponents' forwards were gradually wearing our defence out. Shortly afterwards Reigate scored a third goal, Poole unluckily touching the ball and so guiding it out of Lowe's reach. Just before the end Guy's seemed to wake up, and Cotterill put in a good shot, but without effect. Reigate thus won by 3 goals to 1.

Rain undoubtedly spoilt the Guy's forward play, as until it came on they were playing a very good game, the right wing and centre especially. Cotterill and Stamford appeared to be quite off colour in the second half. All our backs played grandly, Packer never having been seen to such advantage before. Lowe was very good in goal.

P. R. Lowe, goal; W. S. Frith, H. D. Packer, backs; R. H. Hayes, H. Hewetson, W. Poole, half-backs; B. F. Pendred, centre; R. B. Stamford, L. Cotterill, left-wing; W. H. Fisher, R. T. Fitz-Hugh, right.

THE DOINGS OF THE ASSOCIATION TEAM IN THE SEASON 1891-92.

On the whole the Association team may be congratulated on their achievements in the past season. The number of matches won and the goal average being both on the right side, and there is no doubt that if the captain had always been able to put the full strength on the field the record would have been still more to our advantage. But owing to illness and other causes, vacancies had often to be filled up at the last moment, thus greatly interfering with our combination, which is really at the bottom of all success.

In the Surrey Cup competition the team played right through to the final, in which they made a very good struggle against Reigate Priory, although they were eventually beaten by 3 goals to 1. In the previous rounds they had beaten The Vampires and Guildford. Our old rivals, St. Bartholomew's, put us out of the Hospital Cup, after we had beaten Middlesex in the previous round, by 3 goals to 1. Some other performances worth mentioning are victories over Luton, Chiswick Park, Old Westminsters, and a drawn game with the Old Brightonians. In front, our old weak point (shooting at goal), was still noticeable sometimes, although there were some notable exceptions, *e.g.*, Fitz-Hugh, who could generally put in a hot shot when called upon. Of the back division nothing much need be said; they generally played a good game, although they often began very slackly, allowing the opposite forwards to run through them before they woke up.

The record for the season runs as follows:—Matches played, 22. Won, 10; lost, 9; drawn, 3. Goals: for, 60; against, 51.

GUY'S HOSPITAL BICYCLE CLUB.

Report of the Annual General Meeting, held February 27th, 1892, Dr. J. W. Washbourn, President, in the chair.

The minutes of the last meeting were read and confirmed.

The Secretary then read the following statement of accounts for the year 1891–1892, just ended:—

Receipts.	£	s.	d.
Balance from 1890	0	3	5
By 19 Subscriptions at 2/6	2	7	6
„ Sale of 9 Badges at 1/7	0	14	3
„ Six entries for Race at 1/-	0	6	0
	£3	11	2

Expenditure.	£	s.	d.
Receipt Book	0	0	6
Cash Box	0	2	9
C. T. C. Road Book	0	5	0
Clocker's Expenses to Horsham	0	4	6
Straub and Hebting's Bill	1	0	0
Ash's Account	1	0	0
Secretarial Expenses	0	9	6
Type-writer's Bill...	0	4	6
	3	6	9
Balance in hand ...	0	4	5
	£3	11	2

The election of officers for the ensuing year was next proceeded with. Mr. F. G. Hopkins was proposed as captain by Mr. Henson, and seconded by Mr. Fulham-Turner, and elected unanimously. Mr. W. J. Henson as vice-captain, was proposed by Mr. Hopkins and seconded by Mr. Fulton, and elected unanimously. Mr. G. L. Eastes as hon. secretary and treasurer, was proposed by Mr. A. C. Hovenden and seconded by Mr. Smith, and elected unanimously.

The following gentlemen were nominated for the committee—Messrs. G. S. Hovenden, A. C. Hovenden, H. Fulham-Turner, H. Fulton, W. Smith, and Lichtenberg, and upon a ballot being taken, the following were declared elected—Messrs. G. S. Hovenden, A. C. Hovenden, H. Fulham-Turner, and H. Fulton.

The two following gentlemen were nominated for the post of auditor throughout the ensuing season :—Messrs. W. Smith and Lichtenberg. After a show of hands, Mr. Lichtenberg was declared elected.

Mr. Henson rose to speak on the subject of the contents of the card, but was ruled to be out of order.

The meeting then dissolved.

Club Runs.

March 19th.—The Club met at Streatham Hill Station at about 3.5, and under favourable circumstances ran to Mitcham and Sutton and then over Banstead Downs to Reigate and Redhill. Just after ordering a substantial tea another member put in an appearance, which added to the pleasure of the meal and return journey. After tea Mr. Temple's tyres were criticised, favourably to their owner, and then the return to London, *viâ* Merstham, Purley and Croydon, was made in very good time. In Croydon the members separated, congratulating themselves on a most enjoyable ride.

March 26th.—This was another very pleasant ride, which was fairly well attended, no less than six members congregating in the centre of Croydon. The Secretary's mud-guards and leather-cased pneumatic called forth much comment. A committee man sported a new machine. At 4 o'clock a move was made for Sanderstead and Warlingham. Rain coming on, a race ensued for shelter and tea. The rain had not damped the spirits of the company however, and after a substantial meal, the Club journeyed down to Croydon. Here it broke into two parties, the pneumatics and new machine being desirous to increase their mileage, but rain again interfered, and so the return journey was made to town *viâ* Croydon and Streatham.

G. L. EASTES,
Hon. Sec.

PHYSICAL SOCIETY.

Erratum.—In the report of Mr. Durham's remarks at the last Meeting of the Physical Society, p. 103, line 17, read "guanin" for "hæmoglobin."

APPOINTMENTS.

Richards, J. S., M.D., B.S., has been appointed Resident Medical Officer to the Royal Hospital for Children and Women, Waterloo Bridge Road, *vice* J. M. Thorne, M.R.C.S. Eng., resigned.

Swaby-Smith, C., M.R.C.P. Ed., M.R.C.S., L.S.A., has been appointed Senior Medical Officer to the First Surrey Rifles.

Marriages.

CALDECOTT—D'ARCY.—April 9, at Christ Church, Virginia Water, Charles Caldecott, M.B., B.S. Lond., M.R.C.S., The Grove, Jersey, to Sophia, fourth daughter of the late Major Francis D'Arcy, of Drumkeeran House, Kesh, co. Fermanagh. No cards.

SHAW — SPALDING.—On March 29th, at Argyle Square Church, King's Cross, Lauriston Elgie Shaw, M.D., of St. Thomas's Street, S.E., youngest son of Dr. Archibald Shaw, of St. Leonards, to May Howard, the eldest daughter of J. Howard Spalding. Esq., of Ealing.

Death.

SHARMAN, Herbert Effingham, on April 8th.

Advertisements.

The Grove, Jersey.

Proprietor, F. Neel Gaudin, M.P.C., M.R.C.S., L.S.A.

A HOME for the Treatment of Nervous and Mental Diseases, both sexes. Handsome Mansion in Park of 11 acres, besides gardens and farm land. Healthily situated on high ground, with extensive sea views. Associated and single rooms, and self-contained suites of two, three or four rooms. Sea bathing (hot and cold). Usual amusements and occupations.—For terms and particulars, &c., apply to Charles Caldecott, M.B., B.S.Lond. (Guy's), Resident Medical Superintendent.

Cliftonville, Margate.—Resident Patients.

M.D. Lond., F.R.C.S. Eng., married, residing in a commodious house facing the sea, with tennis court in front, also good balcony, wishes to receive two or three RESIDENT PATIENTS. Drainage of house guaranteed *perfect*. Terms moderate.—Apply M.D., Carlton House, Dalby Square, Margate.

RESIDENT PATIENTS.—A Married Medical Man, living at a healthy watering-place on the East Coast, is anxious to meet with a Resident Patient. Capital grounds, with tennis court and billiard room. Subsoil sandy. Drainage perfect. Highest references. Terms according to requirements. Suite of rooms if required.—Apply, Dr. Roberts, The Beeches, Lowestoft.

TWO GUY'S MEN, qualified both socially and professionally, and each about 34 years of age, seek a good-class Practice in or around London, or in South of England. Can invest £2,000 to £3,000.—J., c/o Mr. Wells, Guy's.

Notice.

All Communications, Articles, Letters, Notices, and Books for Review, should be forwarded, accompanied with the name of the sender, to the Editor, Guy's Hospital Gazette, *Guy's Hospital, S.E.*

The annual subscription to the Gazette *is 6/6, post free 7/6. All financial communications, as well as subscriptions, should be sent to the Financial Editor,* Mr. C. H. Wells, Medical Office, Guy's Hospital.

Any of our Subscribers, who may be desirous of having their numbers of the Gazette *for 1891 bound, should leave them with the Librarian as soon as possible.*

The charge for binding in blue, with the Arms of the Hospital in gold, will be One Shilling *and* Sixpence.

Guy's Hospital Gazette,

APRIL 30, 1892.

LARDACEOUS DISEASE.

A Paper read before the Physical Society, December 12th, 1891, by Mr. E. T. E. Hamilton.

(Continued.)

The kidneys sometimes are the earliest organs attacked and a combination of fatty and lardaceous changes is not uncommon, the fat being perhaps secondary to vascular impairment. But a more important association is with chronic nephritis, tubal, interstitial, or mixed; indeed, one of the "large white kidneys" figured by Bright was shown by Wilks and Moxon to be lardaceous, and the latter is the commoner form. At first the changes are microscopic only; in more pronounced cases iodine picks out a brown dot here and there in the cortex, representing diseased malpighian corpuscles. The organ enlarges, the cortex being broadened, its surface is pale, firm, smooth, and the capsule strips well; the bases of the pyramids may be congested. Frequently the glomeruli are seen as glistening points without iodine, and the cortex may present white radial striæ, due to fatty changes in the tubes. When nephritis is superadded the appearances are correspondingly modified. Rarely a regular contracted granular kidney is found to result, but in most instances a large white organ occurs if the nephritis is marked. Fagge found in 60 cases that the kidneys weighed between 20 and 27 ounces in 15 of them.

Histologically the change begins in some of the loops of certain glomeruli. Gradually more loops are involved and the process extends to the afferent arterioles, to the capillary network round the tubules, to the vasa recta of the medulla, to the intertubular tissue and tunica propria of the tubes. Three forms are described by Kyber: the medullary, the cortical, and the combined, depending upon the locale of the morbid tissue. The last-named variety is the commonest, and does not arise from the first two; it is quite exceptional to detect lardacein in the epithelial cells. The distribution of the change in early stages may be quite irregular; ultimately the vessels have their lumina constricted, and the glomerular tufts become solid balls surrounded by unaltered epithelium. Some of the tubes contain hyaline casts, which stain with iodine, and, by some observers, these are assumed to be lardaceous; but Ziegler insists that they do not show the other reactions of lardacein. Wilks and Moxon state that they have never seen lardaceous casts, and Jürgens points out that those alleged to be so are easily destroyed by putrefaction, which is strongly against lardacein being present.

Other changes result from the vascular impairment, and the compression exercised by the morbid deposit, hence uniform or irregular atrophy of the tubes, with perhaps cyst formation. The epithelium atrophies and becomes fatty. When nephritis is present the tubes may be distended with cloudy or fatty cells, and the intertubular tissue is more or less infiltrated by round cells.

The relation of the nephritis to the lardaceous change has been much debated. Three views are possible: Wilks and Moxon believe that the nephritis is secondary, Cornil and Ranvier think that the lardaceous change is due to the nephritis, whilst Cohnheim asserts that both arise from a common cause. Bearing on this subject is the fact that now and then a kidney is found post mortem, purely lardaceous, without a sign of nephritis. Fagge found at least four such in 60 cases. It is reasonable to assume that this condition obtains in many cases at early stages. Moreover, scores of cases of nephritis never become lardaceous. In opposition to Wilks' and Moxon's view, it has been urged that the spleen and other organs do not become inflamed as a result of the lardaceous deposit, but I think that the fibroid changes found by Kyber in the spleen, and (as will be pointed out later on) in the pancreas, thyroid, suprarenals and lymph glands are a very fair substitute for chronic interstitial inflammation. Weigert attributed the nephritis to the secondary fatty changes; but, as Fagge points out, fatty degeneration of the kidney is not uncommon without the least sign of attendant nephritis. Whilst the chronic parenchymatous form of inflammation arises in lardaceous kidneys under a variety of clinical conditions, including syphilis without suppuration, I am much struck with the fact that on picking out from the 280 cases referred to, all the instances (seven in number) in which the kidneys were reported as typically granular, and at the same time lardaceous, syphilis was present without exception. In six out of the seven cases it was apparently the sole factor in the causation.

The symptoms of the kidney affections are polyuria at first, with or without albuminuria, the colour of the urine and diurnal amount of urea being little altered; serum-albumin predominates over paraglobulin; hyaline and granular casts may be present. Lecorché, Litter and Strauss have instanced cases of lardaceous kidneys in which no albuminuria occurred during life, the explanation offered by Strauss being that the parts of the organ concerned in secreting, viz., the glomeruli and afferent arteries

(*sic*) were found free from change. Lecorché maintains *that albuminuria is absent unless nephritis is present.* Bartels and Fagge contradict this, and most pathologists agree with them. In uncomplicated cases the heart is said not to hypertrophy, and the excretion of urea to be much less diminished than in the nephritic forms. The cause of the albuminuria is probably the impaired vessel walls.

When nephritis is present the urine may become diminished in amount, and highly albuminous. The usual effects of chronic nephritis follow, *e.g.*, high tension, pulse, etc. It is doubtful whether dropsy occurs in the pure form. Fagge says it is slight when diarrhœa is present.

(To be continued.)

THE NEW PHARMACOPŒIA.

NOTES BY THE SECRETARY OF THE PHARMACOPŒIA COMMITTEE.

(*Concluded.*)

NON-OFFICIAL DRUGS. — Most of the non-official drugs which were suggested to the compilers of the Pharmacopœia have since been included in the B.P. additions, 1890. For the rest Dr. E. Duke suggests Hydrobromate of Hyoscine as a sedative, Dr. A. H. Evans Liquid Extract of Viburnum Prunifolium as "very useful in threatened abortion," Dr. R. J. Roberts and others Chloralamide as a hypnotic, Dr. R. Atkinson Papain and Iridin as a gastric tonic and hepatic stimulant, Dr. Judson Exalgin (Methylacetanilide) as a remedy for facial and cranial neuralgia. On the other hand Dr. W. J. Marsh, when asked if he has any non-official drugs to recommend, replies: "Far too many drugs already. I speak advisedly in saying that *not one* (Cocaine excepted) has justified its adoption. I refer to those introduced during the last quarter of a century. Even Phenol and Chloral (among the best of new drugs) are not indispensable or unalloyed blessings. I am inclined to think Saccharin will prove convenient, but that can hardly be called a drug. Glycerine has also justified itself—and as a drug. The B.P. list might well be reduced to one-third its present length."

PHARMACEUTICAL SUGGESTIONS.—Dr. Luscombe remarks that Pulvis Salium if dried on paper by gentle heat keeps much better, and is not so hygroscopic. He considers the powder "of great value in Hepatic Colic from gall stones, if taken constantly."

Dr. A. E. Barrett recommends the following "resolvent alterative" as "more efficacious and better tolerated than Iodide of Potassium, and very much cheaper."

Take a saturated solution of common Washing Soda, and add Iodine till the solution is of a somewhat yellow colour.

Dr. Barrett also suggests an Anodyne Solution, made as follows, which he considers "much safer in dispensing for children than Tinct. Opii, and less liable to change than Syrupus Papaveris."—Take of

Tincture of Opium 4 minims
Chloroform Water 1 fluid drachm.

Mix.

Dr. Kellock prefers that a Linseed Poultice should be made with "whole meal" instead of meal from which the oil has been expressed.

Dr. Wood suggests the following for dispensing instead of common water. It has, he says, the advantage of covering the taste of Sulphate of Magnesium.—Take of

Chloroform 20 minims
Compound Tincture of Lavender 4 fluid drachms
Water to 2 pints.

Dr. Lawson recommends dry powdered extracts. He says, "I find the ordinary extracts cannot be relied on for accurate dosage on account of evaporation. They are more difficult to weigh, the scales more difficult to cleanse, and they are not so easily mixed."

Dr. Gibson states that Glycerine of Tannic Acid is made more easily if the acid be first dissolved in Rectified Spirit.

Dr. Marsh says: "For many years I have used the following for Lyttæ Plastrum (Emplastrum Cantharidis, B.P.)—Take

Spanish Fly, Brown Tar, Beef Suet, and Mercury with Chalk, of each equal parts by weight.

This is, he says, a thoroughly satisfactory preparation in all respects. The mild mercurial is generally useful, where a blister is useful, or at any rate not objectionable; while the tar, if not necessary, is likewise useful, or at any rate unobjectionable. The formula is not only practically satisfactory, but also very simple to prepare, and to remember. The B.P. grievously errs in the direction of complexity and difficulty."

Instead of the Unguentum Picis Liquidæ of the British Pharmacopœia Dr. Marsh suggests the following formula:—Take

Beef Suet 4 ounces
Hog Lard 16 ounces.

Melt by gentle heat, stir frequently till cold; mix by trituration in large "compo" or "Wedgwood" mortar with Brown Tar, 1¼ ounces.

Solutio Opii Aquosa.—Take of

Opium Wine 4 fluid drachms
Rectified Spirit 4 fluid drachms
Distilled Water to 6 fluid ounces.

Mix. Dose: the same as Tinct. Camph. Co.

Of this solution Dr. Percy Reynolds says:—"In practice an excellent substitute for Tinct. Camph. Co. where from prejudice Paregoric is objected to; or when in children it is desirable to give a remedy free from smell, or to give a small acurate dose of Opium in a finely divided state."

Dr. Kellock suggests that Gregory's Powder should be made with Cinnamon instead of Ginger, as children dislike the taste of ginger.

Dr. Holmested says that the following combination is "as Dover's powder but better":—Take of

Dover's Powder 5 grains
Nitrate of Potash 5 grains
Camphor 1 grain.

Mix.

Dr. R. C. Chicken suggests that instead of giving Salicylate of Sodium, sodium being "the least desirable of the alkaline bases," we should use the following formula:—Take of

Carbonate of Ammonium 5 to 10 grains
Salicylic Acid 5 to 10 grains
Water to 2 fluid ounces.

Add to this

Bicarbonate of Potassium 5 to 20 grains.

Dose: 2 fluid ounces to be taken every hour. Barley Water ad lib. to be supplied to the patient.

"In this way," says Dr. Chicken, "I think we get excretion of our new product by giving small doses and more water performed in a more perfect way than by giving large doses at longer intervals in more concentrated solution."

Miscellaneous Suggestions.—The Committee were favoured with a considerable number of suggestions, of which they were unable to avail themselves for the Pharmacopœia. Dr. Marsh was good enough to address to them the following piece of advice:—

"Avoid elaterium, croton oil, gamboge, colocynth, scammony, podophyllum, that is all resin purgatives, with perhaps the occasional exceptions of jalap and senna. They are, I speak from special experience, a frequently unsuspected cause of caecal colic and typhlitis. I am not sure that jalap and senna ought not also to be excluded from legitimate pharmacy. I strongly suspect them of the same treachery, especially in the case of children, as colocynth, scammony, &c., are unquestionably guilty of."

Dr. Holmested recommends: "Hot Water, one or two glasses four times a day, morning, evening, and an hour before meals." This, Dr. Holmested states, washes out uric acid, &c., and obviates the craving for porter. He adds "It is the best thing that has been introduced. It brings Spas to the bedside. In my day draymen were given large quantities of porter greatly to their harm."

Diet Tables.—Dr. Holmested suggests the following:—

	Nitrogen	Carbon
Idleness	180 ...	3816
Ordinary Labour	307 ...	5688
Active Labour...	391 ...	6823

"In my day we were taught nothing about diet. It is most important, and I would suggest that a table be drawn up of three diets, light, middle, and full, for spring, summer, autumn, and winter, each meal to be specified, its constituents to be given in grains, also cost; and if possible, even more than this to prevent sameness, namely, the table to vary every other day during the week. This could in the first instance be drawn up by senior University of London men, then revised by the Professor of Physiology."

Dr. Holmested has himself invented a biscuit, of which the following is the composition:—

Take defibrinated dried blood, baked flour, white sugar, almonds or nuts, concentrated milk, of each equal parts. Nutmeg to flavour. To be baked as biscuits.

Of these biscuits Dr. Holmsted says: "A nutritious food. A sick patient can chew a morsel during the night; the nurse is saved; and the patient has something far better than indifferent beef tea or sour milk. I made and proved the efficacy of these in India. If Stanley had had a supply, it might have been better for him."

Dr. M. S. Duke states that "Bethesda Water," formerly in the Guy's Pharmacopœia has in his experience, twice, when freely used (8 tumblers a day), been followed by copious diuresis, recovery from dropsy, and apparent recovery of health after paracentesis has been repeatedly performed.

In conclusion, I have to thank the Editors of the Gazette for admitting to their columns so long a summary of the formulæ submitted to the Pharmacopœia Committee. I fear that to some it will seem very tedious reading, but I am not without hope that valuable hints may be gained from it. At all events it brings before us the actual prescriptions which, having stood the test of experience, are declared by those who have used them to be of especial value in the treatment of disease As such they deserve respectful consideration by those who have not so many years of practice behind them.

October 21st, 1891. E. C. P.

BICHAT.

Dr. Starling has procured for us the use of an interesting paper on the position of this physiologist in the history of modern biological science, which was written by W. M. Bayliss, whose name is not unknown to students of physiology. The kindness of Mr. Bayliss in allowing us to make use of his paper makes us regret that we have not space for printing it *in extenso*, no less than does the loss to our readers which this limitation entails. The few selections we give from it will be of interest to all who are interested in the development of modern science.

"Marie François Xavier Bichat was born in 1771, in the village of Thoirette, some distance south of Lyons. Although the son of a physician, he did not commence his medical studies until his twentieth year, having been occupied with classics up to that time. At Lyons he followed the lectures of the celebrated Antoine Petit, whose name is preserved for us in a certain structure in the eye known as the 'Canal of Petit.' In 1793, he left Lyons for Paris to attend the lectures of the great surgeon Desault, intending to become an army surgeon. But an incident happened which changed his course. It was the custom in the school for the pupils in turn on the day following each lecture to read out publicly the notes they had taken down of the lecture, so that

the subject was thoroughly impressed on the minds of the class. On one occasion the student whose turn it was to read failed to appear, Bichat at once offered to take his place. The subject happened to be fracture of the clavicle, and in his treatment of it he did not confine himself to the Professor's remarks, but suggested new methods of treatment. This, together with the brilliant style in which it was written, caused quite a sensation among the students, and Desault, at once seeing his merit, offered him a home and the promise of succeeding himself in his practice. He associated him in his work, gave him patients to visit, a post at the Hotel Dieu, and set him to perform experiments for an important work. Bichat's enthusiasm was so great that he did far more than was exacted of him, and when a year afterwards, Desault died, he not only continued his investigations but undertook to prepare Desault's books for publication, and took upon himself the support of his widow and son.

Two years he devoted to solitary study, and then in 1797 opened a School for Anatomy, Physiology and Surgery, which became very popular. His hard work in hospital, dissecting-room and physiological laboratory was frequently interrupted by illness brought on by overwork, and we can only wonder how he could find time to arrange his researches for publication. In 1800, nevertheless, appeared his first work, the 'Treatise on Membranes,' in which he gave the foundation of his doctrine of the tissues afterwards fully worked out in the 'General Anatomy.' This treatise on the membranes had a great success, it was cited everywhere, and at once took its place as a classic. In the same year appeared his 'Physiological Researches on Life and Death,' in which he propounded the distinction between animal and organic life, and a general exposition of his physiological views; in its second part he details a large number of experiments on the mutual connection of the brain, heart, and lungs. At this time he was appointed physician at the Hotel Dieu, and in the next year (1801) brought out his 'General Anatomy,' of which I have already spoken.

Being at this time engaged upon a complete treatise on descriptive anatomy, he carried on dissections even in the hot days of July, and no doubt his exposure to the poisonous emanations brought on the fever of which he died in 1802, in the thirty-first year of his age.

Although it may not be universally true as Menander says that 'Whom the gods love die young'—and the name of Goethe at once suggests itself in contradiction—it is interesting to recall two names, both of the highest eminence in their arts, who were cruelly torn by death from the midst of their work, Mozart died at thirty-six, Raphael at thirty-seven. Our hero, nevertheless, enjoys the distinction amongst the 65 greatest names in the Calender of having achieved that position in the shortest life."

"Biology is to be regarded as the distinctive science of this century; it has been the latest to set itself free from the obscurities of metaphysics, and to Bichat is the credit due of being the first to clearly perceive and state the possibility of a truly scientific treatment of the vital problem. Let me read a few words from his 'Recherches sur la Vie et la Mort,' p. 73. 'The greater number of medical men who have written on vital properties have commenced by seeking for their principle; they have attempted to descend from the study of nature to that of her phenomena, instead of ascending from what observation points out to what theory suggests. The soul of Stahl, the archæ of Van Helmont, the vital principle of Barthez, the vital principle of some others in turn considered as the great single centre of all acts showing a vital nature, have been one after the other the common foundation on which, in the last resort, all physiological explanations have been based. All of these foundations have successively crumbled away, and in the midst of their débris are found standing alone the facts given by rigorous experimentation on sensibility and mobility. Such are, in fact, the narrow limits of the human understanding, that the knowledge of first causes is nearly always impossible to it. The thick veil which covers them envelopes in its numberless folds all who attempt to tear it aside. In the study of nature principles are, as a certain philosopher has observed, certain general results of the first causes, whence arise innumerable secondary results: the art of finding the connection of the first with the second' (that is the dependence of the secondary results on the principles, or, as we should now call them, laws of nature) is that of every wise mind. To seek the connection of the first cause with their general effects is to walk blindfold along a road whence a thousand by-paths lead astray.

Of what importance to us moreover is the knowledge of these causes? Is it necessary to know what light, oxygen, heat are in themselves in order to study their phenomena? and in the same way, can we not, without knowing the principle of life, analyse the properties of the organs which it animates? Let us in the science of animals do as modern metaphysicians in that of the understanding; let us pre-suppose the causes and devote our attention only to their great results."

In answer to the question "What are his chief claims to honour?" Mr. Bayliss says: "The first and greatest undoubtedly is his doctrine of the tissues; previously to him the body had been looked upon as built up of organs, all under the control of a directing vital spirit of some kind having its seat in some definite part of the body, or entering into relation with it at some point, as Descartes' soul at the pineal gland. Now Bichat saw that these organs could each be separated into tissues or webs intermingling with one another, but in each organ having a definite arrangement; and further that in the whole body there were but a limited number of these elementary tissues, the same tissue entering into the formation of many organs, for instance, the glandular tissue is found both in the stomach and liver, the muscular tissue in the stomach and heart, as well as in the

muscles proper and so on. He went still further than this, and here let me quote Claude Bernard, whom we may call the greatest of modern physiologists as Bichat was the first. 'But what characterizes the scientific worth of Bichat is to have studied with care the properties of each of these tissues, and to have localized in each an elementary vital phenomenon. Each elementary tissue represents a particular function.' Before him biology had been under the dominion of two opposed schools, both equally wrong, that of the 'Animists,' represented by Stahl, who looked upon life as a metaphysical entity, acting upon the body as it were from the outside; and that of the 'Materialists,' represented by Bœrhaave, who wished to make physiological facts deducible from chemical and physical laws. Bichat, in opposition to the 'Animists' decentralised life, incarcerated it in the tissues, and referred its manifestations to the properties of these tissues. On the other hand he rightly saw that no vital phenomena could be accounted for by physics and chemistry alone."

"The other great discovery we owe to Bichat is his celebrated distinction between organic and animal life. This I will give in his own words. After having given his famous definition of life, to which we shall return, he proceeds:—'Such is life considered in its totality; examined more in detail it offers two remarkable modifications. The one is common to the plant and animal, the other is the special characteristic of the latter. Glance, in fact, at an individual member of each of these living kingdoms, you will see the one exist only within itself, having with what surrounds it only relations of nutrition, you will see it born, grow, and perish fixed to the soil which received the seed; the other in addition to this internal life which it possesses in the highest degree, enjoys an external life which establishes innumerable relations between it and neighbouring objects, unites its existence to that of all other beings, drives it away from or attracts it towards them according to its fears or its needs, and thus seems in appropriating to itself all nature to refer everything to its own individual existence. It might be said that the plant is, as it were, the sketch for the animal, the canvas which to form an animal has to be clothed with an apparatus of external organs, whose property it is to establish relations with the outer world. From this it results that the functions of the animal form two very distinct classes. The first class of functions make up a regular succession of assimilation and of excretion; by them it transforms without ceasing into its own substance the molecules of neighbouring bodies, and at last rejects these molecules when they have become foreign to it. It lives only in itself through this class of functions; by the other it exists outside of itself; it is an inhabitant of the world, and not, like the plant, of the place where it was born. It feels and perceives what environs it, reflects upon its sensation, moves voluntarily according to their influence, and, as a rule, is able to communicate by speech its desires and fears, and its pleasures and pains. I call organic life the totality of the functions of the first class, because all organised beings, plants or animals, are possessed of it in a greater or less degree, and because the organic texture is the sole condition necessary to its existence. The united functions of the second class form the animal life, so called because it is the exclusive attribute of the animal kingdom."

"His great work on life and death opens with his famous attempt to define life in 'The sum of functions which resist death.' Let us see what Comte says on this definition. 'Bichat is the first who has attempted to directly establish on a positive basis this great notion of life, up to his time enveloped in the vain web of metaphysical abstraction. But this great physiologist, after having rightly felt that such a definition could be founded only on a pretty general view of the sum total of phenomena proper to living bodies, was unable to realise a wise application of the refined principle which he had so correctly laid down. Unknown to himself he was yet under the influence of that antique philosophy from which he was striving to escape, and he continued to occupy himself with the false idea of an absolute antagonism between dead nature and living nature, and he regarded, in consquence, that chimerical struggle as the essential characteristic of life.' Comte then proceeds to show how irrational such a conception is, and that the contrary rather is the case, a *harmony* between the living being and the corresponding environment being the fundamental condition of life; this is the view taken and worked out with so much detail by Herbert Spencer."

A CASE OF EXTROVERSION OF THE BLADDER.

A New Plastic Operation by Mr. Symonds.

Before describing the above case I will venture to give a few notes on this curious and interesting deformity, with the treatment which has been adopted by different surgeons.

The mildest malformation tending to extroversion consists in the separation of the pubic bones, the bladder protruding the abdominal wall between the recti abdominis. The most severe is that in which the bladder is divided vertically, when the small intestine opens between the segments.

Condition of neighbouring structures.—The ureters and pelves of the kidneys are as a rule much dilated, the patients even acquiring some muscular control over their urine, so that they can retain it for a short time and eject it forcibly at will. Mr. Bryant had a case in which the ureter was larger than the rectum. The ureters are observed to be of great length, so as to fall in a loop into the pelvis. The penis is always in a state of epispadias. Imperforate anus is often associated, indicating a general failure of development in the pelvic region. Bartholin relates a case of a man thus afflicted, who for forty years returned all his ingesta by the mouth. The umbilicus is

indistinctly marked, and always below the normal level. Some cases of talipes are on record, but the malformation of the lower limbs, which we might expect with deformities about the pelvis, do not as a rule occur.

Statistics.—Earle collected 68 cases, of which 60 were males and 8 females. Mr. Bryant had 20 cases, of which 14 were males, 2 females, and 4 of doubtful sex. That the condition is not incompatible with life is shown by the fact that one surgeon lost a patient with extroversion at 72 years of age, and many are reported to have passed 40 years. Women with ectopia also have borne children.

Plastic operations have for their object the formation of a spout from the bladder, such as will render the wearing of a urinal practicable. Endeavours have been made to direct the ureters into the rectum, vagina, or even colon, but with almost universally fatal results.

It will perhaps be well to give a rapid sketch of the former class of operations, that Mr. Symonds' method may the more readily be compared with them.

A. Richard performed the first plastic operation in 1853, bringing two flaps from the sides of the bladder and suturing them in the middle line. Mr. Wood's and Mr. Holmes' method is well known, as also Ayres' of New York. These surgeons have had many successes.

The operations not so well known, which have been lately devised, are perhaps the most important and interesting.

Thiersch raises two strap-like flaps from the integument at each side of the bladder, the one extending higher than the other, then, without detaching either end, slips tinfoil beneath, so that granular surfaces may form; four weeks later he cuts the end of one strap, lays it horizontally across the bladder and applies the end to a raw surface prepared on the opposite side; subsequently he does the same with the other strap, and unites the two; later he attacks the epispadias. This is a tedious method, involving at least six operations.

Trendelenberg, of Bonn, cuts through the sacro-iliac articulations, and some weeks later draws the pubic bones together and stitches the margins of the bladder, made raw, together in the middle line. This plan has been practised at Guy's.

Neudorfer, in the latest modification, displaces the epispadiac penis beneath the pubic arch, which is then forcibly drawn together; he then dissects up the mucous membrane of the bladder, as Mr. Symonds does, and stitches in the middle line, subsequently drawing the skin together over this new bladder.

Ashurst's encyclopædia gives 20 per cent. as the direct mortality from operation.

Mr. Symonds' case occurred in a fair-haired, well nourished boy, of 2½ years of age, who came into 13, Martha, last January. The extroversion of the bladder was of the ordinary form, the mucous membrane of the posterior wall being completely exposed above a widely separated symphysis pubis. On his admission a left inguinal hernia was cured radically and the left testicle removed. A few weeks later the plastic operation here described was performed.

Chloroform having been administered, Mr. Symonds made his first incision in the skin on the right side, half an inch from the bladder margin, and extending from the pubes to the umbilicus. The mucous membrane was dissected up from the deeper structures, great care being necessary to avoid injuring the peritoneum.

The second incision was made on the opposite side, and joined the first above the bladder; the mucous membrane was also dissected up on this side, so that it now adhered to the abdominal wall by a narrow longitudinal pedicle. The margins of the mucous membrane were drawn together in the middle line with fine gut sutures, so as to form a complete little bladder (except over the root of the penis, where it was left open), lined with mucous membrane, and raw on its outer surface. The raw surfaces had now to be covered with skin. The scrotum being large and loose, the integument on the front of it was dissected up from the deeper structures, and in order to make it as free as possible, the dissection was carried out for a short way into the groins. The scrotal flap thus formed was found to cover in the whole of the exposed surface, but with some tension; the skin above the bladder was therefore freed slightly by dissection, in order to meet the lower flap. The epispadiac penis was passed through a hole cut in the scrotal flap. Four long silk sutures were passed through different points in the wall of the bladder, and then through the abdominal wall in the same way. These having been drawn through the scrotal flap, it was carefully stitched to the margin of the wound. The seven sutures mentioned above were now drawn tight so as to apply the raw surfaces closely to one another. The mucous membrane of the lower lip of the bladder projected into the hole of the scrotum, drawing it slightly down. The surgeon sutured it round above the penis to the edge of the hole, and having made raw the under surface of the root of the penis, also sutured it there.

A complete bladder with an excellent spout, whose orifice was surrounded by mucous membrane, and an abdominal wall entirely covered with skin was the result of the operation. A drainage tube two inches long was inserted into the bladder to allow the urine to draw off readily. The abdominal wound was covered with a large antiseptic dressing, over which were tightly applied strips of strapping to keep the abdomen at rest. The boy was put to bed, resting on his buttocks with his thighs flexed, to decrease tension, and to facilitate the flow of urine.

Progress. The upper margin of the abdominal wound gave way along most of its extent, and drainage had to be provided for in two places. The bladder was however never exposed and healthy granulations appeared on the raw surface, which is now rapidly skinning over. Although recovery has been delayed, a successful issue has been obtained. An excellent spout has been constructed to which a urinal may be readily applied, and the cure has been effected by one operation.

H. MEYRICK-JONES & V. PENDRED.

INFLUENZA, 1833.

Mr. William C. Toulmin sends the following extract from the commonplace note-book of an old Guy's man, Mr. Frederick J. Toulmin. The description may be compared with the interesting account in Sir Thomas Watson's Lectures, which was written four years later, during another epidemic.

"In April in this year there prevailed an affection which was called universally 'influenza'—attacking a larger proportion of individuals than any epidemic that I ever recollect. To have it seemed the rule—to escape it the exception. The mode of attack was somewhat as follows. Headache coming on gradually and increasing to a degree that many described as 'maddening,' lassitude, pain in the loins, weight on the chest, cough, rapid pulse and a general feeling of severe illness; there was sometimes violent sickness and delirium.

"Whole families were seized in this manner; mercantile houses were deprived of many of their clerks; medical men were in extreme request. We had the longest daily list on record—we numbered nearly 250 patients daily in our day-book.

"The best plan of treatment consisted in sending people to bed and encouraging perspiration on the skin. The fever generally terminated, if unchecked by exposure, in spontaneous sweating, and the head became relieved and fever subsided in about forty-eight hours. If the surface were kept chilled, and thus natural resolution prevented, patients remained acutely ill for several days or longer, even for weeks. Mild diaphoretics and tepid drinks usually completed the cure. Purging gave no relief; the skin seemed the safety valve to the disturbed circulation. Bleeding, I heard, was mischievous and my own practice proved it to be unnecessary, for I did not bleed more than one or two cases out of a myriad, and they all did well, excepting one, whom I did not see until much mischief had been set up in the lungs. She was an elderly servant who had been ill for some days before I saw her. She had not laid up until compelled by severe mischief in the lungs, of which she died.

"This influenza pulled down the muscular power more than any disease I ever witnessed. A strong man would go to bed under its influence; in forty-eight hours his pulse had come down, his headache was relieved, fever had subsided, probably appetite had returned, yet he would try to get up and would stagger across the room. This depressing agency was most extraordinary, considering the oftentimes short duration of the illness.

"I saw many, very many cases of this disease attended with such intense headache, so much cough and oppression about the chest, and such generally disturbed vital functions as would have given me great alarm for my patients at any other time, without a knowledge of the epidemic, and would have led me into the most active practice and probably to the great detriment of my patients. As it was, by a simple nursing plan the urgent symptoms soon subsided and the system righted itself. The weather was cold during this period and the wind North-East or North. This epidemic visited all the great towns of England, but I am not aware in which direction. Paris was also affected by it most extensively. Some persons died, from influenza having stirred up passive disease, many months after the attack."

GUY'S CHARITY, MARCH, 1892.

This month proved a perfect mine of wealth to the fortunate Charities, as a glance at the following record will show:—Low forceps, 4; high forceps, 3; podalic versions, 5; cephalic versions, 1; cephalotripsy, 1; version with perforation of after-coming head, 1. Two of the versions were in cases of placenta prævia. A brief account of one or two of the more interesting cases may prove of service.

Case 1.—E. T., æt. 22, primip. Prolonged first stage. On arrival of Charities os two-shillings; membranes bulging; frequent short pains; pulse, 120; fœtal heart heard. As diagonal conjugate was found to be barely 3½ inches Dr. Horrocks was sent for. Cæsarian section having been proposed and declined, anæsthetic was administered and attempt made to save the child by applying forceps. The lower blade was put in position, but it was found impossible to insert the second blade through the undilated os. The vertex was then perforated with Oldham's instrument, the usual crucial opening being made, and the brain substance thoroughly broken up as far as the medulla. The head was then crushed with the cephalotribe, and traction made with craniotomy forceps. Some difficulty was experienced in delivering the shoulders, and a good deal of the vault of the skull was torn away in portions by the forceps. The uterus was well washed out, and the patient made a good recovery.

Case 2.—M. F., æt. 26. Sixth confinement. Charities found membranes ruptured nine hours, and right hand presenting through vulva; liquor amnii all drained away; pulse good. Methylene administered, a tape tied round the right wrist, and the prolapsed hand and arm with great difficulty returned into the uterine cavity, the cervix having contracted tightly round the arm. Attempts at version failing, and Ring of Bandl being marked, Dr. Horrocks was sent for. The right foot was seized and cautiously brought down, and traction made first on the right, and then on both legs. The arms got extended but were delivered, the one by traction on the tape, the other by rotation. As the os was still undilated, steady traction was kept up until the fœtal neck began to shew signs of giving way, and then, the os continuing rigid and Bandl's Ring being well marked, it was decided to perforate. A free opening was therefore made just in front of the right ear, a quantity of brain matter washed out, and the now diminished head delivered by traction, partly on the feet, partly with one finger hooked into the

perforation. The uterus was washed out as usual, and the patient made an excellent recovery.

Case 3.—Twins, both transverse.—M. Y., æt. 40. Fourteenth confinement. As first stage had lasted six hours, and os was size of crown piece and still no presentation could be made out, Junior Charity was called down. In making a diagnosis of shoulder presentation, the membranes were ruptured. The right shoulder was at the os, the abdomen looking forwards, and the head in the right iliac fossa; fœtal heart indistinct above pubes. The maternal abdomen was large, but not so much as to lead one to suspect a twin pregnancy. On arrival of Senior Charity methylene was administered and an attempt made to perform cephalic version; but this was found impracticable, owing to the draining away of the liquor. The left foot was then seized and the child delivered without difficulty. A second bag of membranes was then found presenting, and through them could be felt the left hand, the head being high up in the right iliac fossa, and the abdomen looking backwards. Cephalic version was immediately performed, the external hand pushing down the head towards the pelvic brim, the other hand being passed through the os and seizing the head, which was small, through the tough unruptured membranes. The membranes were then ruptured and forceps appled to accelerate delivery. Both children lived; the first, a full-sized male, had the larger share of a large conjoined placenta, the second, a small female, having a very much smaller portion. The circulations in the two portions of the placenta were practically entirely distinct.

GUY'S HOSPITAL LYING-IN CHARITY.

A few of the statistics for the past ten years have just been made out, and reveal some interesting facts.

There have been attended during the years 1882 to 1891 (inclusive), 30,229 labours. In 83 of the cases the mother has died during labour, or during the puerperal period; giving a maternal death rate of 2·7 per thousand.

In the first quinquennium 13,922 labours were attended; 49 of the mothers died, giving a mortality among the mothers of 5·5 per thousand. In the second quinquennium 16,307 labours were attended; 34 of the mothers died, giving a mortality among the mothers of 2·1 per thousand. Some of the causes which have led to the greatly diminished mortality during the last five years are—the larger number of externs at work, and the greater attention consequently received by the patients; the routine use of hydrarg. perchlor. solution as antiseptic, introduced in January, 1889; the attendance of a district nurse, when necessary, during the puerperal period; and the prohibition of all externs from holding any other appointment.

Appended is a list showing the relative mortality from all causes in the two quinquennia.

Cause of Death.	Number of Deaths. Years 1882-86.	Years 1887-91.
Puerperal septicæmia (in various forms)	29	13
Ante-partum hæmorrhage... ...	5	2
Placenta prævia	2	2
Post-partum hæmorrhage	3	4
Concealed accidental hæmorrhage.	1	1
Ruptured uterus and vagina ...	1	4
Puerperal eclampsia	1	1
Pulmonary embolism	2	0
Phthisis	2	2
Pneumonia	2	2
Morbus cordis	1	0
Chronic bronchitis	0	1
Intestinal obstruction	0	1
Venous thrombosis (cerebral) ...	0	1

A TRILEMMA.

Why should a man be bound to but one wife?
Can one supply his very varied needs?
Must he forego all fancies of his life
To follow as she leads?

One woman reaches his ideal in face,
Is fair in form, and stylish in her ways,
Knows how to dress, thus adding grace to grace:
Who would not sound her praise?

Another intellectually excels,
Adds strength and balance to a well stored mind;
Her conversation dullest care dispels;
She 's witty and refined.

A third is most esteemed where best she 's known;
Her home 's the home of sweetness and of light—
There peace and plenty and good taste are shewn;
Things of themselves go right.

He who wins one of these is fortunate;
Yet which of them alone could be a wife?
Would not the lover want the rest to mate
Just to complete his life?

And yet, methinks, all these may be in one:
Some girls I 've seen combine this trinity,
But I have let them go their way alone—
They were too good for me!

What folly this to want a perfect wife,
Or, failing her, to wish to marry three:
Only the man who 's perfect in his life
Can speak for trigamy.

VOX E TENEBRIS.

Birth.

BERRY.—On April 9th, at Wansford House, Walford, the wife of F. Haycroft Berry, M.D., of a son.

Passim.

The success of the Annual Dance which was started, or rather revived, last year by the Residents was so assured and unquestioned that the promoters this year can approach their task with a light heart. Last time everything went off well, the floor was good, the music excellent—the only fault in the whole affair was that it was *too* successful—everybody came, and the denseness of the throng rather interfered with the poetry of motion. Taught by this experience the Committee have resolved to strictly limit the supply of tickets, and applications should be made at once to Messrs. A. H. Godson, W. G. Rogers, or C. E. Salter.

The dance will be on May 13th, at 7.30 p.m., finishing punctually at midnight for the convenience of people tied down by "last trains." Tickets (including light refreshments), Ladies 6/6, Gentlemen 8/6.

We are very sorry to hear that Mrs. Lushington is so indisposed that she will not be able to be present at the Dance on the 13th of May, at any rate not to undertake the duties of hostess at it, as it was hoped she would, and as indeed she had very kindly consented to do.

In this issue the Notes on the New Pharmacopœia, which Dr. Perry kindly furnished us with, are brought to a conclusion. We have a great deal to thank Dr. Perry for in this contribution, which has added greatly to the value and interest of our numbers for some time past.

Our special correspondent at Honor Oak reports that great progress has been made at the ground. Indeed those parts of the ground which will be most extensively played on, viz., the pitch and the tennis court, have been down some time now, and the tennis courts look very fit. With luck we may be able to get a practice pitch in a fortnight's time. Great care has been expended on the pitch, and Apted, the Oval ground-man, who has been personally supervising the laying out of the ground, thinks it will turn out one of the best in London, in fact, worthy of the Club.

We note that the Fives Courts, though not exactly in working order, are being extensively played upon. At the same time, there appears to be a divergence of opinion as to the rules of the game, which is not satisfactory.

The old Fives Court was a curiosity, originally a brick wall, it was added to from time to time, till it developed characteristics, and hazards which made the game played on it unique, interesting and splendid exercise, the great points required being low hard hitting and skilful placing.

As far as possible, in the absence of any standard model, the new Fives Courts have been erected in imitation of the old, and all the old hazards have been adopted, the only difference being that the new courts are well wired in.

Now, having courts of our own, on our own pattern, and unlike anything else elsewhere, it is only right that the rules of the game which worked so well in the past should not only be adopted but properly defined.

We would suggest, therefore, that the Clubs' Union appoint a committee as soon as possible, to draw up the rules of the game. In the meantime the three cardinal points of the old game might be adopted with advantage, they were:—1. The player must play into his opponents' half of the court. 2. The player must bring out every stroke at least six feet from the wall. 3. Any ball striking the wire without previously hitting the ground, to count "out of court."

Some old lecture lists have been recently shown to us, which we would quote to silence

the complaints of those of us who shudder at the thought of nine o'clock lectures, so soon to commence. In 1832 the midwifery lectures were at 7.45 a.m., and on every day throughout the week. Most of the hours were earlier than they are now: Surgeons and Physicians began their rounds at 12, and Dr. Hodgkin gave his demonstrations on pathological anatomy at 1; but the physiology lectures were at 6-30, materia medica at 7, and surgery at 8 in the evening. Signs of degeneracy, however, had appeared in our ancestors by 1839; the midwifery lectures were then at 8.30.

The notice of the courses of Instruction at the Fever Hospitals, which is posted in the Colonnade, will have been observed, no doubt, by those whom it most concerns. Now that the University of Cambridge and the new regulations of the Colleges make a three months' course at one of these Hospitals obligatory, it will concern a yearly increasing number of us.

In consequence of the expiration of the lease, "The Boudoir" is closed. We understand that the joint owners who took the premises in order that they might the better visit the sick and feed the hungry, intend taking a well-earned holiday.

"Sydney George says Dickerseve, Colonel North's best, The Smew" (sporting paper).

Yes, this is all very well, but what we want to know is "what price Sherrington?"

We notice a larger number of starlings in the garden this year. These birds evidently like their worms "carbolised in Hyd. perchlor.," as the ward maid said of the thermometer. We have had other strange birds, but we are not arrogant. Who does not remember the owl, or the five seagulls who drowned themselves in despair in the fountain, or the parrot who flew in at the open window (by accident), and remarked to the Sister of the ward "Kiss me quick, mother's coming."

Hospital News.

IN THE WARDS.

Under Dr. Taylor.

Mary 39.—Phthisis. Girl, aged 14. Cavity in left upper lobe. Cavernous breathing, pectoriloquy. Bruit de pot félé well marked. Ulcer on tongue; loss of voice.

Mary 43.—Acute Rheumatism. Erythematous rash on body, systolic murmur. Patient had albuminuria on admission.

Mary 49.—Progressive muscular atrophy.

Stephen 2.—Paraplegia with thrombosis of lower extremities, sensation unimpaired.

Stephen 12.—Severe jaundice of four months' standing. No pain, no wasting or ascites. Liver enlarged and hard. ? Malignant growth.

Stephen 14.—Persistent vomiting, wasting. ? Malignant disease of abdomen.

Stephen 17.—Mitral constriction and regurgitation. Tricuspid regurgitation. Pulsation of veins of neck and of liver. Hœmoptysis. Thrombosis of popliteal vein. ? Pressure of left auricle on left bronchus.

Stephen 16.—? Post-hemiplegic abnormal movements. ? Cortical lesion. ? G.P.I.

Stephen 20.—*Aortic stenosis and regurgitation.* Mitral regurgitation. ? Mitral stenosis. Patient has had rheumatism seven times.

Mary, Cot 56.—Hydrocephalus. Child five months old. Disease began when child 14 days old. Head measures 24 inches round. Optic atrophy of left disc, right disc partly atrophied.

Under Dr. Hale White.

Stephen 38.—Morbus cordis. Heart sounds consist of a loud blowing systolic murmur taking the place of the first sound, and apparently terminating in a weak second sound. They are best heard over the lower half of the sternum (where a thrill may be felt), but can be traced in all directions, into the neck and round to the back. Patient had scarlet fever at 4, and has had heart trouble ever since, frequently having medical advice and attendance. The following diagnoses have been made by members of the Staff:—Patent foramen ovale; pulmonary stenosis with or without other congenital malformations; mitral regurgitation.

Clinical.

John 15.—G. B., 7, admitted for high temperature, rash (which proved to be scabies), and passing "black water." No scarlatina. The point of interest is that his mother, father, brother and sister, have all similar symptoms (the brother is now in Stephen). No physical signs. Urine contained blood and casts. After four days the blood disappeared and was succeeded by uric acid crystals. Diagnosis?

John 9.—X. Y., 26. *Tetanus.* Three weeks before admission had a kick on the nose. Slight trismus followed in four days. During next fortnight had moderately severe general spasms and rigidity of legs, abdomen and more marked trismus. The wound was

dressed with hyd. perchlor. (1 in 500) and chloral given freely (200 grains in the first 24 hours). This procured him sleep, and he has had no violent spasms since admission, but with the exception of the arms, the muscles remain in a state of general rigidity.

John 5.—C. R., 23. Admitted March 31st, with double basal pneumonia. When the disease was at its height he escaped out of the ward on a very cold night. The next day he dislocated his jaw when yawning. Nevertheless he got over the acute stage, but the right lung has never cleared up. He appears now to have a localized pneumo-thorax at the upper part of the axilla, and has some fluid (and probably pus) at the base, but repeated efforts to draw it off have been practically unsuccessful. The last few days there has been obstinate diarrhœa and some pyrexia, probably due to absorption of pus.

Miriam 19.—Florence N., 32, dressmaker, separated from her husband five years ago. Admitted with left panophthalmitis. At Christmas-time she had left earache and otorrhœa. This continued till five weeks ago, but was untreated. The pain and discharge then became much worse. She went to bed and was delirious for three or four days. A fortnight ago the discharge from the ear ceased, but she felt it trickling down inside her throat. The left eye became painful five days before admission. The eye is proptosed, eyelids and conjunctiva red and swollen, sight entirely lost. The cause is somewhat doubtful. Dr. Brailey thought septic embolism was the most probable, and would not advise immediate excision. Patient complains of much pain at the back of the head and neck. Right fundus oculi normal.

Miriam 23.—Hannah W., 35, has been in bad health and circumstances for 18 months. Admitted with facial erysipelas, T. 105·2°. She had a small "sore" on the inside of the right nostril, noticed first eight days before the commencement of the swelling of her face. This commenced three days before admission with shivering, followed by profuse sweating. The swelling began at the same time on the right side of the nose, extending on to the right cheek, and affecting the left cheek later. On admission, the right cheek is swollen nearly to the lobule of the ear, the left cheek not beyond a point two inches from the left ear. The temperature was normal the morning after admission, after the administration of Pil. Col. et Hyos. gr. x, and iron and quinine.

Under Mr. Golding-Bird.

Lazarus 1.—Æt. 21. Admitted March 14th, with pain and sensation of soreness in urethra and bladder. On March 6th patient had passed a bougie of paraffin wax along urethra to allay irritation; a piece broke off in the bladder. For two days patient had no trouble, when he was suddenly seized with intense pain. Hot fomentations applied and the lithrotrite used the next day without good success. On 15th, bladder and rectum being distended, supra-pubic operation was performed and two irregular pieces of wax, one the size of a 4s. piece and the other of a 1s., were removed. A Jaque's catheter was passed and retained. Patient recovered rapidly until his discharge on the 30th.

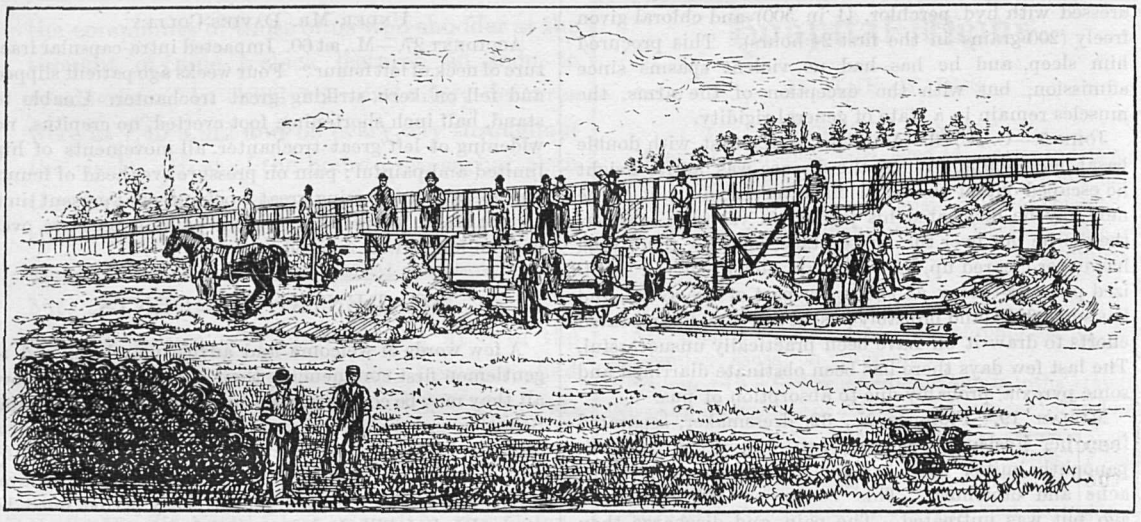
Under Mr. Davies-Colley.

Accident 27.—M., æt 60. Impacted intra-capsular fracture of neck of left femur? Four weeks ago patient slipped and fell on kerb, striking great trochanter. Unable to stand, half inch shortening, foot everted, no crepitus, no widening of left great trochanter, all movements of hip limited and painful; pain on pressure over head of femur but no pain on pressing great trochanter; at present time cannot stand, keeps limb everted, pain on pressure over head of femur well marked.

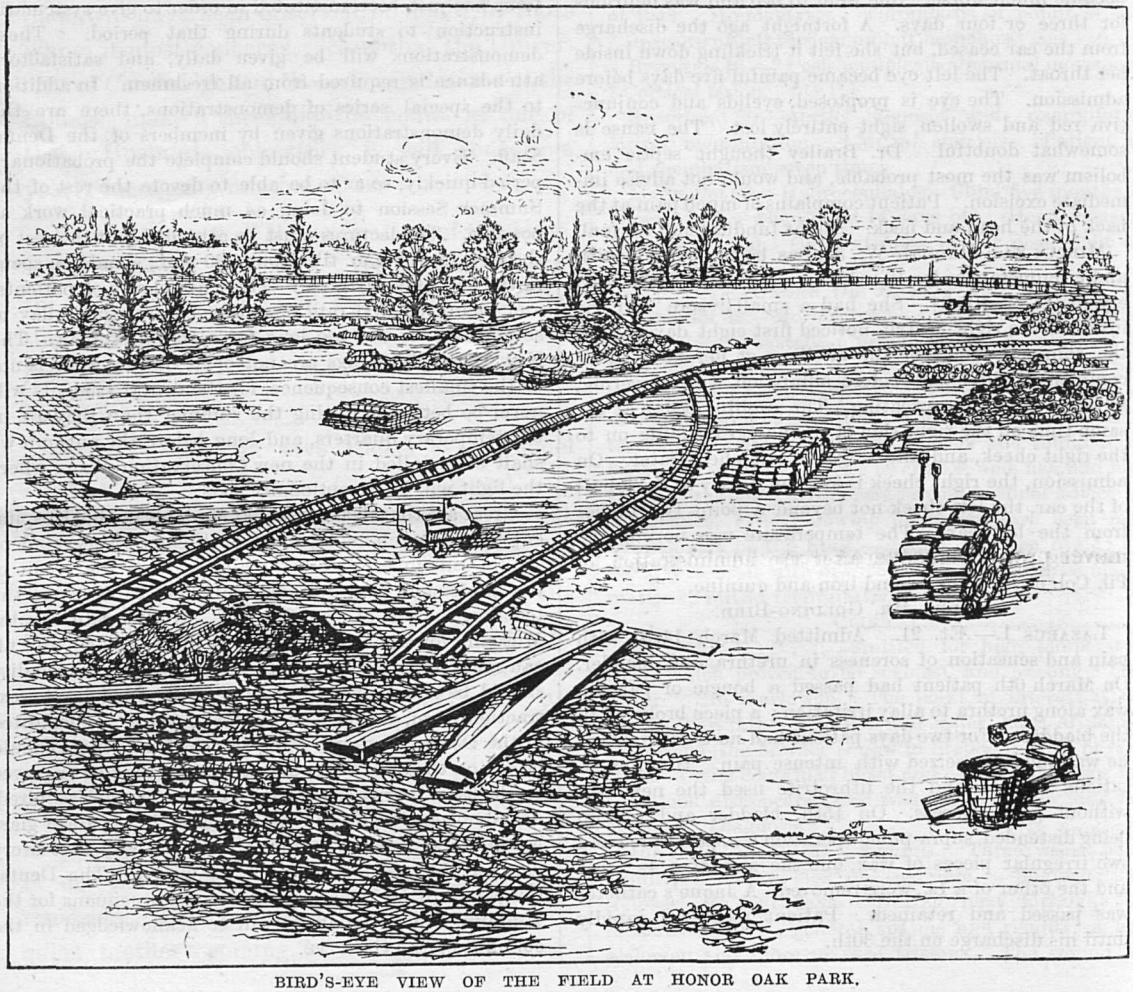
TO DENTAL STUDENTS.

A few words of welcome and advice may be offered to gentlemen first commencing their curriculum, and above all they may be congratulated on the fact that the Dental School is now in such thorough working order that new students will have no difficulty in ascertaining what they have to do, and how they have to do it. The requirements connected with the probationary period must be scrupulously fulfilled, and a special series of demonstrations has just been instituted in order to give systematic instruction to students during that period. These demonstrations will be given daily, and satisfactory attendance is required from all freshmen. In addition to the special series of demonstrations, there are the daily demonstrations given by members of the Dental Staff. Every student should complete the probationary period quickly, so as to be able to devote the rest of the Summer Session to doing as much practical work as possible. The lectures must be attended, but the rest of the day, from 9 a.m. till about 4.30 p.m., should be spent in the dental department. There are plenty of patients, and plenty of first-rate operating chairs, and a day of seven hours is not too long for a dental student. The New School Buildings are not open yet, but that is not of the smallest consequence, for the dental students will never be better off during the summer than they are in our temporary quarters, and long before the autumn we shall be installed in the new Conservation Room where the light will be exceptionally good.

Great are the advantages that students at this Hospital enjoy, and much is expected of them. Every student should remember that upon him depends the credit of the profession, and everyone can help to develope the teaching power of the School. A first-rate Dental Museum for teaching purposes is much needed, and all can contribute. Plaster casts of every dental abnormality should be taken, and all specimens obtained in the extraction room, should, as a matter of course, be deposited in the Dental Museum. The names of the donors should be cut on the end of the cast and notes may be engraved on the base. Series of regulation cases are much required. All abnormal teeth will be mounted in separate glass bottles, and fixed in frames in such a way that every part of the specimen can be examined. The Dental Surgeon will be pleased to receive any specimens for the Museum, and all donations will be acknowledged in the columns of the Gazette.



PREPARING THE GROUND.



BIRD'S-EYE VIEW OF THE FIELD AT HONOR OAK PARK.

In Memoriam.

In our last issue we recorded the death of Herbert Effingham Sharman, well known to us all while he was working with us, and appreciated by all who knew him for the many good qualities he possessed. He was educated at Dulwich House School and was for a short time an apprentice to his father under the old rules for medical education. He entered at Guy's in October, 1887, and worked steadily on, passing his first and second Conjoint Examinations and holding the minor appointments, at the same time doing what he could to help his brother who has a large practice at Norwood. Soon after this the prospect of marriage made him work with redoubled vigour, and had he lived there is no doubt he would soon have realized his hopes of becoming a practitioner. A few months ago severe pain made him fear that he had renal disease, and after consulting one of our Staff he became an inmate of Bright ward. Becoming stronger and free from pain, he was ordered to the sea-side, although it was then feared that an operation would be necessary. This fear was only too true, and three weeks ago the operation took place at the Norwood Cottage Hospital, and a large stone was found occupying the whole of the pelvis of one of the kidneys. He never properly recovered from the shock and passed away twenty-four hours after.

RECENT PUBLICATIONS.

Burdett (Henry C.) Hospitals and Asylums of the World, 2 Vols. Super Royal 8vo. Churchill, 90/-.

Calderwood (H.) The Relations of Mind and Brain, 3rd Edition, 8vo. Macmillan, 8/-.

Davidson (A.) Geographical Pathology, 2 Vols. 8vo. Pentland, 31/6.

Davis (E.P.) A Manual of Practical Obstetrics, Crown 8vo. Hirschfield, 9/-.

Fox (Wilson) A Treatise on Diseases of the Lungs and Pleura, 8vo. Churchill, 36/-.

Goodfellow (J.) The Dietetic Value of Bread, Crown 8vo. Macmillan, 6/-.

Haig (A.) Uric Acid as a Factor in the Causation of Disease, 8vo. Churchill, 8/6.

Wise (A T.) Alpine Winter in its Medical Aspects, 5th Edition, 8vo. Churchill, 3/6.

PASS LIST.

FIRST CONJOINT EXAMINATION.

Elementary Anatomy and Physiology.

Alexander, H.	Hughes, W. L.
Ashwin, R. H.	Izard, H. E.
Askew, C. A. C.	Kay, R.
Bell, H. T. S.	Levick, G. K.
Booker, C. W.	Lichtenberg, C. L.
Brown, R. T.	Lower, N. Y.
Burton, C. G.	Mason, S. H.
Butler, A. G.	Pakes, W. C.
Butler, W. R.	Parfitt, J. B.
Cardin, H.	Paul, L. A.
Cecil, J. E.	Pike, N. H.
Daly, N.	Poole, T. B.
Davies, T.	Reckitt, W. F.
Davies, W. R.	Reed, J. C. G.
Dolman, A. J.	Rowland, L. T. A.
Dudgeon, H. W.	Scott, E. N.
Farnfield, W. W.	Smith, D. L.
Ferraby, H. P.	Spicer, A. H.
Finch, A. H.	Tulk-Hart, T. J. A.
Golding-Bird, F.	Watson, C. E. S.
Hardy, F. H.	Waymark, W. E.
Hedden, R.	Webb, G. B.
Hicks, H. T.	Whicher, S.
Hills, W. E.	Williams, H. L.
Horton, W. A.	Winter, W. C. P.
Howell, J.	Wood, W. R.

Elementary Anatomy only.

Evans, C. R.	Hitchins, F. C.
Foster, J. J.	Lewis, L. H.
Hancock, W. I.	Pearson, G. B.

Elementary Physiology only.

Hancock, E. D.	Jones, J. B.
Hurst, L. H.	Temple, P. G.

Materia Medica and Pharmacy.

Cann, F. J. H.	Horton, J. H.
Constable, J. C.	Roberts, E. S.
Desprez, H. S.	Salter, A.
Fulton, H.	Stockton, J. M.
Hewetson, H.	Wallis, S. S.

Chemistry and Chemical Physics.

Clarke, W. T.	Powell, A. W.
Hibbard, C. E.	Rainbird, A. P.
Leader, H.	Stockton, J. M.
Plummer, W. E.	Vick, T. J.

SECOND CONJOINT.

ANATOMY AND PHYSIOLOGY.

Beadnell, C. M.	Moffat, H. A.
Bourne, H. J. F.	Pern, H.
Brereton, F. S.	Philipps, A. E.
Clark, R. F.	Reynolds, B. G.
Coleman, E.	Richmond, B. A.
Copley, S.	Salter, A.
Covernton, C. E.	Scowby, E. T.
Ensor, C. A.	Steinhæuser, J. R.
Fagge, C. H.	Steward, F. J.
Graham, S. G.	Stoner, H. B.
Green, T. H.	Thomas, D. W.
Handley, W. S.	Thomas, T. M.
Harnett, C. J.	Turner, H. F.
Horton, J. H.	Van Someren, E. H.
Jones, M. P.	Vellacott, P. N.
Lane, J. G. O.	Wise, H. M.

ANATOMY ONLY.

Biggs, T. S.	Reynolds, L. G.
Byford, W. F.	Rivers, S.
Carden, W. A.	Robertson, J.
Fisk, E.	Stephen, L. H. Y.
Jenkins, C. C.	Tresidder, P. E.

PHYSIOLOGY ONLY.

Busteed, J. H.

UNIVERSITY OF DURHAM.

SECOND EXAMINATION FOR THE DEGREE OF BACHELOR IN MEDICINE.

Fothergill, E. R.	Peake, W. H.
Zumbado, F.	Rowland, W. J.

RECEIVED,

With the Editors' thanks.

The Sixth Annual Report of the Holloway Sanatorium, 1891.

A poem from E. V. M. A., on "The Primrose." The Editors apologize for not having inserted this poem in the last issue, but as it tended to perpetuate the myth that the primrose was the late Lord Beaconsfield's favourite flower, they felt it their duty in the interests of truth not to do so. The origin of the myth, we would remind E. V. M. A., is the inscription on the wreath of primroses which the Queen sent to Lord Beaconsfield's funeral: "*His* favourite flower;" *i.e.*, the Prince Consort's.

Microscopical observations on the Hæmatozoon of Malaria, with a series of plates of illustrations, by Surgeon Patrick Hehir, lecturer on Pathology and Clinical Medicine, at his Highness the Nizam's Medical School, Hyderabad. The plates appended to this essay are particularly interesting.

Thirty-third Annual Report of the Eastern Counties' Asylum for Idiots and Imbeciles, from F. W. Hall, M.D., B.S.

A COURSE OF *VIVA VOCE* EXAMINATIONS IN SURGERY AT THE LAST FINAL CONJOINT EXAMINATION.

A. CLINICALS.

CASE 1.—Multiple enlarged bursæ. Names of certain enlarged bursæ asked for, *e.g.*, miners' elbow, weavers' bottom, &c.

Treatment.

CASE 2.—Right hydrocele. Describe tumour. Is it limited above? Is it smooth? Has it a thrill? Does it fluctuate? What other scrotal tumours give fluctuation? Where is the testicle?

What treatment would you advise? Patient is 40, and has had it tapped twice.

CASE 3.—Epithelioma of lip with gland affected at angle of jaw. What else might it be? Differential diagnosis between epithelioma and primary sore of lip gone into.

Treatment. Why would you remove the gland? Where would the disease recur? Prognosis.

CASE 4.—Papular syphylitic eruption of the face. Do not ask the patient any questions. Why do you think it is a syphilide?

B. SURGICAL ANATOMY, INSTRUMENTS, &c.

Map out the palmar arches. Give your landmarks. What forms them? What structures do you meet with in order in a dissection of the palm? Describe the palmar fascia. Give the nerve supply of the lumbricales and interossei. What are their actions? Describe the deformity which occurs in ulnar paralysis?

Draw out the flaps for amputating the middle finger at the metacarpo-phalangeal joint. Where would you stand? How would your assistant hold the hand? Give the steps of the operation. Draw the incision necessary for excising the shoulder-joint. Give the steps of the operation with the structures you would divide in order.

Shown a tonsil guillotine of the French pattern. What is this instrument? How does it work? How would you use it? What is the fork for? What muscles retract and what make the tonsil prominent?

What is this instrument? "A Eustachian catheter."

What is this instrument? "A Bellocq's sound." How would you plug the posterior nares with its help?

C. SURGERY.

TABLE 1.—You are called to a patient, a boy æt. 5, who has a distended bladder, and who is straining to micturate but cannot. What would be your diagnosis? "Impacted calculus in the urethra." How would you proceed to verify your diagnosis? Where would the calculus be most probably lodged, and why? What treatment would you adopt if the calculus was in the membranous portion? What would you do if it was in the penile portion? Why would you not cut down on it here? What would be the course of the case if left untreated?

What is an obstructed hernia? What is your definition of a strangulated hernia? Give the sequence of events that would happen if the strangulation were not relieved? Where does the gut usually give way? Which coat gives way first?

Table 2.—Shown an upper extremity of left femur with a section through it. Signs of an intracapsular fracture of neck, good bony union, neck much absorbed. Outer surface of great trochanter looking backwards. This specimen was taken from an old woman, aged 65, who lived several years after the accident. What does it show? What sort of an accident would produce such a fracture? What would be the signs? How would you have treated her? What was her greatest danger? "Hypostatic pneumonia." How would you try and guard against this? Do you think there was any permanent deformity?

What would be the signs of an extracapsular impacted fracture of the neck of the femur? Would you get crepitus? Would you try and break down the impaction?

Shown a specimen of old fracture of the middle third of shaft of femur united with much over-riding of fragments. What is the usual displacement in a fracture like this? What muscles produce the displacement? How would you treat such a fracture?

Shown an anterior half of tongue with an ulcer on the dorsum and in the centre. What organ is that a part of? What is the matter with it? What might the ulcer be due to? "Syphilis or epithelioma." How would you diagnose between them? What are the microscopic characters of an epithelioma of the tongue? What would be your treatment? "Removal of anterior half of tongue by Whitehead's method." Describe Whitehead's method. How do you deal with the lingual arteries? Suppose they bleed, how would you compress them?

APPOINTMENTS.

Baines, J. C., L.R.C.P. Lond., M.R.C.P. Eng., has been appointed Medical Officer of the Malvern District of the Upton-upon-Severn Union, *vice* A. M. Weir, L.R.C.P., L.R.C.S. Edin.

Barrs, A. G., M.D. Edin., M.R.C.P. Lond., has been appointed Honorary Physician to the General Infirmary at Leeds.

Deeping, G. D., L.R.C.P. Lond., M.R.C.S., has been appointed Medical Officer for the Prittlewell Sanitary District of the Rochford Union.

Gowing, B. C., M.R.C.S., has been reappointed Medical Officer of Health for the Penistone Urban Sanitary Districts.

Streatfield, Percy Wm., L.R.C.P. Lond., M.R.C.S. E., has been appointed Medical Officer for the Sixth District, and Public Vaccinator for Sixth and Seventh Districts of the Tunbridge Union.

Sport.

CRICKET.

THE COMING SEASON.

It is not a wise thing to indulge in any very definite prophecies as to what the Hospital team will do during any coming season. The uncertainty of cricket is proverbial, and in addition to this we are for the first few weeks of the term always very much in the dark about the strength of our Eleven. This year we shall be without Tuck, who is out of his year, and J. B. Bettington, who has just gone home to Australia. Tuck has always been a good field—perhaps our best—last year he did some good batting and came out second in the averages. J. B. Bettington's place will scarcely be filled. His bowling has been at the bottom of most of our successes in cup ties and other matches, and he has done a great deal to keep the team in good working order. Amongst the new men we hear of Hicks, Fitz-Hugh, Cotteril and King as being good cricketers; probably there are others who will make themselves known before the season is very old. Then W. J. Hancock and M. P. Jones, who did not play for us last year, are plenty good enough for any Hospital team, and they must be persuaded to play regularly this season, so as to make up for lost time. Our tail last year was none too strong. We can easily find room for four or five new men. Our batting will well bear strengthening; we want a couple of good bowlers; but a good wicket-keeper would help us more than anything else.

Our fixture list is a very strong one again. The new departures are Repton School (2 days), Wimbledon, G. H. Cotteril's XI., and the addition of Lansdowne, Bath, and Thornbury on to last year's tour.

It is doubtful whether the new ground will be of any use to us this season. All our matches are played away on our opponents' ground as formerly. Possibly we may get a couple of practice nets into going order, but this will be all that we hope for until next year.

A practice game will be played at Richmond, on Monday, 9th May. Full particulars will be put up on the notice boards. First year's men will be especially welcome.

Fixtures.

Sat.	May 7	v. Beckenham ...	at Beckenham
Wed.	„ 11	v. Ealing	Ealing
Sat.	„ 14	v. Streatham ...	Streatham
Thur.	„ 19	v. Crystal Palace ...	Crystal Palace
Sat.	„ 21	v. R. I. E. C. ...	Cooper's Hill
Mon.	„ 23	v. Surrey Club and Ground	Oval
Sat.	„ 28	v. Tunbridge Wells	Tunbridge Wells
Wed.	June 1	v. Bickley Park ...	Bickley
Fri.	„ 3	v. Repton School ...	Repton
Sat.	„ 4		
Sat.	„ 11	v. Surbiton	Surbiton
Sat.	„ 18	v. Brentwood ...	Brentwood
Wed.	„ 22	v. Rickmansworth ...	Rickmansworth
Sat.	„ 25	v. G. H. Cotteril's XI.	Weybridge
Wed.	„ 29	v. Wimbledon ...	Wimbledon

Tour.

Mon. Aug. 7	v. Lansdowne	...	Bath
Tues. „ 8	v. Thornbury	...	Thornbury
Wed. „ 9	v. Gloucester	...	Gloucester
Thur. „ 10	v. Newport ...	...	Newport
Fri. „ 11	v. Cardiff ...	...	Cardiff
Sat. „ 12	v. Swansea ...	...	Swansea
Mon. „ 13	v. Sir J. T. D. Llewelyn's XI.		Penllergare E. G.

GUY'S HOSPITAL LAWN TENNIS CLUB.

At the General Meeting of the Guy's Hospital Lawn Tennis Club, held on the 30th of March, the following balance sheet of the past season's accounts was put before and adopted by the meeting.

Balance Sheet.

Receipts.	£ s. d.	£ s. d.
To Balance from Season 1890—91 ...		3 1 10
„ Subscriptions—C. R. Colley ...	3 15 0	
W. C. C. Park ...	4 0 0	
W. A. Haslam ...	6 0 0	
		13 15 0
„ Tournament Entries		2 11 0
„ Photos		1 11 0
„ Sale of Balls		0 19 0
		£21 17 10

Expenditure.	£ s. d.	£ s. d.
By Subscription to U. H. L. T. C. ...	3 3 0	
„ Ayres' A/c	1 4 0	
„ Benetfink's A/c	0 19 6	
„ Steward's A/c	0 7 6	
„ Davis' A/c	3 13 0	
„ Tournament Prizes	3 0 0	
„ Chapman's A/c	2 5 0	
„ Burnett's A/c	0 4 6	
„ Mappin & Webb's A/c	0 7 6	
„ Russell's A/c	1 15 0	
„ Sundries	0 4 0	
„ Millsom's A/c	0 19 0	
		18 2 0
„ Balance		3 15 10
		£21 17 10

Audited and found correct,

March 30, 1892. J. H. TARGETT.

The income for the ensuing season will be made up of the balance of £3 15s. 10d. and the sum of £10 1s., being the amount allowed by the Council of the Clubs' Union to the Club. Of this latter amount most probably only two-thirds will be received.

The following officers were elected:—President, W. A. Lane, Esq., M.S., F.R.C.S.; Captain, W. H. Fisher; Vice-Captain, W. H. Peake; Hon. Sec. and Treasurer, B. G. Reynolds; Committee, W. E. Sturges-Jones, C. R. Colley, W. S. Frith, V. Pendred, W. C. C. Park, and W. I. Hancock.

ASSOCIATION FOOTBALL.

GUY'S SECOND ELEVEN, 1891-92.

Matches arranged, twenty, of which eight were scratched; matches played, twelve, of which six were won and four lost. Goals for, twenty-nine; against, nineteen.

		Goals.
Oct. 14.	—Royal School of Mines, Raynes Park, scratched, owing to state of weather.	
17.	—Barnes second Eleven, Raynes Park, scratched, Barnes unable to raise team.	
21.	—St. Bartholomew's second Eleven, Raynes Park ..... draw	1—1
24.	—Old Wilsonians, scratched, owing to their cup tie.	
28.	—Highgate School second Eleven..... won	6—2
31.	—King's College Hospital ..... lost	0—5
Nov. 7.	—Crystal Palace Engineering School... lost	3—4
14.	—Plaistow, at Plaistow ..... won	2—1
17.	—Forest School second Eleven ..... won	5—0
21.	—St. Bartholomew's second Eleven, at Walthamstow..... lost	1—2
28.	—Royal School of Mines, Barnes ..... won	3—0
Dec. 5.	—Captain James' Team ..... lost	0—1
9.	—Highgate School, scratched, weather.	
Jan. 13.	—Royal School of Mines, Raynes Park, scratched, weather.	
16.	—Captain James' Team ..... drawn	2—2
23.	—Plaistow, scratched, weather.	
30.	—Old Wilsonians, scratched, cup tie (second round, Surrey Cup).	
Feb. 13.	—Crystal Palace Engineering School, scratched, C. P. E. S. unable to raise team.	
	—Forest School ... . won	4—0
Mar. 5.	—Old Gordonians .... won	2—1

Advertisements.

The Grove, Jersey.

Proprietor, F. Neel Gaudin, M.P.C., M.R.C.S., L.S.A.

A HOME for the Treatment of Nervous and Mental Diseases, both sexes. Handsome Mansion in Park of 11 acres, besides gardens and farm land. Healthily situated on high ground, with extensive sea views. Associated and single rooms, and self-contained suites of two, three or four rooms. Sea bathing (hot and cold). Usual amusements and occupations.—For terms and particulars, &c., apply to Charles Caldecott, M.B., B.S.Lond. (Guy's), Resident Medical Superintendent.

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M.D. Lond., F.R.C.S. Eng., married, residing in a commodious house facing the sea, with tennis court in front, also good balcony, wishes to receive two or three RESIDENT PATIENTS. Drainage of house guaranteed *perfect*. Terms moderate.—Apply M.D., Carlton House, Dalby Square, Margate.

RESIDENT PATIENTS.—A Married Medical Man, living at a healthy watering-place on the East Coast, is anxious to meet with a Resident Patient. Capital grounds, with tennis court and billiard room. Subsoil sandy. Drainage perfect. Highest references. Terms according to requirements. Suite of rooms if required.—Apply, Dr. Roberts, The Beeches, Lowestoft.

TWO GUY'S MEN, qualified both socially and professionally, and each about 34 years of age, seek a good-class Practice in or around London, or in South of England. Can invest £2,000 to £3,000.—J., c/o Mr. Wells, Guy's.

Notice.

All Communications, Articles, Letters, Notices, and Books for Review, should be forwarded, accompanied with the name of the sender, to the Editor, GUY'S HOSPITAL GAZETTE, *Guy's Hospital, S.E.*

The annual subscription to the GAZETTE *is 6/6, post free 7/6. All financial communications, as well as subscriptions, should be sent to the Financial Editor,* Mr. C. H. WELLS, MEDICAL OFFICE, GUY'S HOSPITAL.

Any of our Subscribers, who may be desirous of having their numbers of the GAZETTE *for 1891 bound, should leave them with the Librarian as soon as possible.*

The charge for binding in blue, with the Arms of the Hospital in gold, will be ONE SHILLING *and* SIXPENCE.

Guy's Hospital Gazette,

MAY 14, 1892.

LARDACEOUS DISEASE.

A Paper read before the Physical Society, December 12th, 1891, by Mr. E. T. E. HAMILTON.

(*Concluded.*)

The alimentary canal is very commonly diseased and its whole length may react. Kyber found the vessels in the tongue affected in one case out of five examined. In that case the tonsils, the pharynx and the upper part of the larynx, also presented the change; in all five cases the œsophagus and stomach were lardaceous. The follicles and Peyer's patches of the intestine are always free, though the vessels surrounding them may be degenerate. The epithelium very rarely reacts. The parts affected are the sub-mucous arterioles, and, perhaps, areolar tissue, the muscular coat, and in one case the gastric glands. The surface of the intestine looks like wet wash-leather, and in the small intestine (the part most commonly lardaceous) on adding iodine reddish brown spots spring up representing diseased villi. The effects are diarrhœa caused partly by the increased permeability of the vessel walls, partly no doubt by impared quality of secretion and perhaps by diminished absorption.

The changes in the *lymph glands* occur first in the follicular arterioles and next in the round cells. The glands enlarge and on section small wavy masses are found in the cortex. Cornil describes the septa as being thickened, the sinuses dilated, and the epithelial cells covering the septa as swollen and granular without being lardaceous. Large scaly spherical cells filled the spaces and the reticular tissue may become lardaceous; hyaline changes occur in some parts of the glands. Cornil thought that the gland first becomes lardaceous and secondarily chronically inflamed.

The thyroid constantly shews more or less induration, the alveoli are filled with debris and colloid masses which do not react to iodine. The parts affected are the arterioles, the capillaries, and the inter-alveolar connective tissue.

The pancreas appears indurated and anæmic. The capillaries and arterioles round the acini are lardaceous, the epithelium becomes fatty and there is increased interstitial connective tissue.

The suprarenals shew three forms of change according to the parts involved: cortical, medullary, or combined. The cortex presents lardaceous vessels and connective tissue, on the medulla are found, besides diseased vessels, masses of the morbid substances probably representing effete nerve-plexuses. The cells are unaffected. Both Virchow and Dr. Turner have described extensive fibroid changes. Kyber noticed the same thing in advanced cases.

In the *genito-urinary tract* lardacein occurs in smaller vessels of mucous membrane as well as in growth muscle fibres, *e.g.* of ureter and bladder. In the *uterus* and *prostate* the same tissues are affected.

The testicles as a rule give negative results. Kyber found diseased vessels in a child's testis without lardaceous alteration in the glandular tissue.

The endocardium is sometimes affected. In the great vessels the intimæ of the arteries suffer, but in veins with three distinct coats the middle coat is chiefly attacked.

The nature of the change.—It has long been a matter of debate whether the deposition of lardacein in the tissues is the result of an infiltration or of metamorphosis. Dr. Wilks first insisted on its being an infiltration, and Virchow always took this view. Boettcher, on the other hand, held the contrary opinion, and stated that the essential cells of an organ were the primary seats of the degeneration, but it is quite likely that he fell into error, because it is by no means easy to determine to what extent epithelium cells are affected. Moreover, his observations were chiefly made on the liver, which is an exceptional organ in this respect. Why this particular viscus should stand apart is difficult to decide. Perhaps the peculiar relations of the hepatic cells to the capillaries is a factor, and their developmental origin another.

Fagge and Pye-Smith regard the change as a metamorphosis, and their points against the infiltration theory are (1) why is the disease limited to a few organs? (2) why cannot lardacein or its precursors be found in the blood? (3) and that some hyaline casts are found to be lardaceous when there is no change elsewhere.

With reference to the first objection it may justly be urged that the change in the majority of instances is widespread, and that its discovery in unsuspected places is in proportion to the energy of the investigator. It is quite exceptional for the change to be limited to one or two viscera, and if such a condition is found in cases which have been subject to syphilis or protracted suppuration a local hereditary or acquired lack of normal resistance, in addition to the general depression, may be assumed for the organ or organs in question. Such an

assumption is probably never requisite; but there is no doubt that the local conditions do determine very largely the extent of the deposit. Moreover, all organs are liable. In answer to the objection as to blood condition it may be asked in how many of the so-called blood diseases (other than those known to be due to micro-organisms) are such changes recognised; in uræmia, for example, or diabetic coma. Seegen has, indeed, claimed to have found a substance in normal blood which corresponds in some respects with lardacein. The lardaceous cast question has been referred to and the balance of opinion is decidedly against their existence. Virchow, as stated, regarded it as an infiltration, but he assumed the necessity of locally presenting morbid products or morbidly affected tissues as a nidus. Kyber, in discussing the question, started from the local changes in tumours and the local form of the deposit generally, and laid stress on the fact that this form of affection is constantly preceded by some morbid condition, such as senile change, *e.g.*, in the prostate and lungs. Birsch-Hirschfield compared the process to the calcification of tissues, which he states is always an infiltration, but he adds that it must be assumed that the tissues are always impaired before the deposit can occur. Both albumin and fatty acids will form insoluble compounds with calcium salts, and in living tissues free fatty acids and albumin are not present as such to any extent unless some necrosis has taken place, hence the lime is not deposited unless the tissues are first degenerate. An analagous explanation seems probable for local lardaceous changes, the calcium in this case being represented by some substance in the blood, probably nitrogenous in composition. The resemblance of localised amyloid bodies to calcareous concretions is borne out by their physical characters. In both the smaller masses show the characteristic changes throughout, whilst in larger deposits the changes may be patent only in the superficial strata. Both corpora amylacea and the calcareous deposits in the brain substance may arise in old blood clots and in cartilage, and it seems that in both cases *healthy* blood is compatible with the change (*i.e.*, *healthy* as far as we know). In neither case is there any marked relation to the arrangement of the blood-vessels. Both seem to increase by conglomeration of smaller masses, and both may be concentrically striated.

In the general form of the affection it appears to me at least probable that the change arises in this way. As a result of the chronic disturbances which give rise to lardaceous disease, persons are circulating in the blood, probably in every instance, the products of micro-organisms. The tissues suffer in consequence, and partial necrosis of greater or lesser extent ensues. This necrosis is aseptic in character, and its occurrence is furthered, no doubt, by more or less malnutrition. This impairment is or may be general, and results in the formation of a certain amount of effete products directly derived from living matter by metamorphosis, and not the result of its vital metabolism. This tissue factor is necessarily proteid but is not lardacein.

The other factor is derived from the circulating blood, and is, perhaps, a normal constituent; it is probably nitrogenous. Combination of these two factors occurs in the tissues, and, as might be expected, first near the blood stream; the result of their union is lardacein.

That local conditions do actually affect the deposition has already been insisted on. Their influence is exemplified by the facts that atheromatous change resists the formation of lardacein, that the cerebral arteries, though frequently found calcareous, are not frequently lardaceous; on the other hand the little arteries of the abdominal viscera usually escape calcification. The medullary pyramids on the other hand may shew calcareous change but not in lardaceous cases.

In connection with this part of the subject it has been observed that in cases of tubercular ulceration of the intestine complicated by the presence of lardaceous disease, the ulcers are, as a rule, exempt; in fact that the ulcerative process does not or cannot affect the lardaceous parts. Perhaps the bacilli cannot thrive where their toxic products carried by the circulation have worked and are still working morbid changes. In the 280 post-mortems the majority of the cases having lardaceous intestines were free from ulceration. For the sake of consistency tubercular cases only were included, 75 cases had lardaceous intestines and were free from tuberculous ulceration, 22 shewed both changes, whilst 6 cases had ulcers and were free from lardaceous change.

It was also observed that syphilitic lesions, however, were no obstacle to the organs in which they were found becoming lardaceous. One or two cases occurred of lardaceous spleens, with gummata present in that viscus. Dr. Charles Turner first pointed out that some conditions seem to militate against the occurrence of lardaceous changes. On looking over the collected cases, there were no less than thirteen instances of the general affection in which a suppurative lesion in a particular organ seems to have prevented the occurrence of lardaceous change in that organ, although this very lesion was the cause of widespread disease. It might be objected to this that the destruction of the tissue by the suppurative process prevented the recognition of lardacein; but that suppuration does not destroy the morbid material seems proved by an instance related by Kyber, in which a patient with a lardaceous liver contracted pyæmia. After death, abscesses were found in the liver with the lardacein unaffected in their walls, and stretching across their cavities. Perhaps this observation may explain the fact that bones are so rarely recorded as lardaceous, the bones chosen for examination being generally the suppurating ones, which have given rise to the disease. I have mentioned this because it seems to have a bearing upon a theory put forward by Dickenson, which will presently be noticed.

Ætiology.—More males die lardaceous than females. In the 280 cases the proportion was 9·5, but taking syphilitic cases alone the ratio was much smaller. Most cases die between the ages of 20 and 30, in syphilitic cases alone between 25 and 50, not counting congenital

cases. The causes are protracted suppuration, extensive caseation, syphilis with or without accompanying suppuration. Other causes given are malaria, leukœmia, cancerous cachexia. Fagge says that there is some reason for thinking that Hodgkin's disease causes lardaceous change. In the collected cases there were three cases of Hodgkin's disease. In one, however, the patient had had four abscesses in her neck and her foot had been amputated after being in hospital 12 months, "abscesses having burst on each side of the ankle joint." In the second case there was a distinct history of syphilis. In the third, a boy of eight years, who was reported as having "lymphoma with extensive lardaceous affection of glands and organs," the clinical report was missing. No evidence of syphilis was reported at the autopsy.

There was only one case of leukœmia, a woman of 45 who had had no children, though married for years. She had had moreover a discharging sinus behind her ear for seven months, and seven years chronic bronchitis. She had also been operated on for anal fistula. Her liver and intestine were slightly lardaceous. I do not think therefore that either Hodgkin's disease or leukœmia can be at all common causes. Frerichs has recorded a case of malaria, but Wilks and Moxon think it was complicated with syphilis. Fagge collected 240 cases from the Guy's Hospital post-mortem records down to the end of 1876. He referred his cases to suppurative syphilis or both causes combined. In five cases it was doubtful "whether the suppuration had been sufficient," one of these being a boy with tubercular peritonitis and caseous mesenteric glands. Six cases presented no cause, and Fagge assumed these to be syphilitic cases. The shortest period of suppuration was three months; there were 42 cases of syphilis without suppuration, and, taking all the cases, males were twice as numerous as the females.

The collection of cases made for this paper reaches back as far as the end of 1876, and with four exceptions could all be referred to suppuration, syphilis, or mixed causes: suppuration accounted for 229, syphilis for 24, mixed 24. Of the 4 exceptions one was the case of the boy already mentioned with "lymphoma," of which the clinical report was missing; a second case in which the report was incomplete. Perhaps the others were syphilitic.

Among the syphilitic cases was a very interesting example of congenital disease, which was described by Dr. Hale White at the Pathological Society. The patient, a girl, aged 7, presented at the autopsy lardaceous kidneys, spleen, liver and intestines, chronic peritonitis, scars gummata, and fibroid induration of the liver. There were notched incisors, disseminated choroiditis, and optic neuritis.

It is perhaps worthy of notice that the cases which die at this Hospital with lardaceous affections are gradually decreasing. Thus, in the period 77-80 157 cases occurred; 81-85 there were 98; and in 86-90 81 cases died. This improvement is no doubt largely due to improved surgical proceedures, a large number of the cases recorded above, especially in the earlier years, being cases of spinal disease with psoas and other abscesses.

It is interesting to observe that the condition is not confined to the human race. Cases are on record of a cow with a lardaceous liver, secondary to suppurating tuberculous glands, and of a donkey and horse under similar conditions.

With regard to the time necessary for the establishment of the disease it may be stated generally that *ceteris paribus* the rapidity varies directly as the amount of pus formation and the absorptive properties of the tissues concerned, but inversely as the freedom of drainage and the degree of asepticity preserved in the local lesion.

Dr. Dickenson's view as to the origin of the deposit demands a short consideration. He states that it arises as a result of the dealkalisation of fibrin by prolonged suppuration. Pus is usually alkaline and by its discharge the blood is robbed of alkaline salts, as a consequence the tissues are in turn deprived of their alkali. He asserts that the morbid material undergoes conversion into fibrous tissue, that it is contractile, and that it gives rise to fibrinous casts. The first of these assertions is denied by nearly all pathologists. Pavy expressly states that it never undergoes organisation. Wilks and Moxon have never seen this last change put forward by Dickenson, who probably derived his idea from the observation of indurated organs in which the fibrous tissue is new formed, and not converted lardacein. The same author states that the action of alkali restores lardacein to a fibrous condition again, that the affected organs yield diminished proportions of alkali (later confirmed by Marcet), and that ordinary fibrin, or albumen can be made to exhibit lardaceous reactions by artificial dealkalization. His statements were strongly controverted at the time, and seem to be quite untenable for several reasons. It is impossible, on his hypothesis, to explain the cases due to pure syphilis; also those cases in which caseation, without suppuration in the ordinary sense of the term, has been the cause. Moreover, the site of suppuration and the immediate neighbourhood seem to be generally exempt from the lardaceous deposit; in fact, the occurrence of "depuration" seems, as pointed out above, to antagonize local alteration. The conversion of lardacein into fibrous tissue would place the change on a level with inflammatory repair, whereas the occurrence of the morbid deposit always involves impairment of function, e.g., leaking vessel walls and atrophy. Even for the local deposit apparently some such condition as senile degeneration is necessary.

Dr. Goodhart suggested that the change is due to local pyæmia in syphilitic cases, the increased heat being produced by the rapid division of the small cells, characteristic of the granulomata: and he pointed out that, on Dickenson's view, many cases would be observed in which the suppuration had been quite inadequate.

Dr. Budd thinks that lardacein has some connection with glycogen, and in support quotes Seegen's researches on a body found in normal blood, called dystropodextrin,

which reacts like a soluble lardacein. This, according to Budd, becomes insoluble and deposited in the tissues it is said to be non-nitrogenous.

Latterly Stilling has shewn in a very interesting paper that lardaceous changes in the spleen are preceded by a hyaline stage, and that these two conditions exist side by side. The hyaline material is found in the middle coat and adventitia of the arterioles as well as in the follicles where bands and wedges of the deposit occur with the change most advanced at the centre. He regards it as a deposit, and shews its striking resemblance to lardacein. He thinks it occurs in cases of shorter duration than the latter, and points out that a tubercle may undergo hyaline degeneration, but does not go on to a lardaceous condition because of there being no vessels present, in other words, the process is arrested at a hyaline stage.

Rahlmann found that the local amyloid change, described by him as occurring in the conjunctiva, was always preceded by a hyaline degeneration in the vessel wall.

Dr. Ralfe thought that this hyaline change is a preliminary step in a process which, if acute, leads to one form of fatty degeneration, or if chronic, to lardacein. He and Dr. Mackenzie have both noticed a similar condition in pyæmic and other febrile conditions, and it will be remembered that Cornil found a corresponding material in lardaceous lymphatic glands.

Stilling held that the factor necessary to bring about conversion of hyalin into lardacein was the contact of blood, and this bears out the view advanced in an early part of this paper, assuming the "tissue factor" to be hyalin. Moreover, the same writer asserts that the hyaline material is formed directly from the protoplasm of cells.

It has been clearly shewn that cases of lardaceous disease may proceed towards recovery, although it is doubtful whether this is ever complete. Syphilitic cases certainly benefit under specifics, and Sir Dyce Duckworth quotes examples in which very large livers underwent diminution though very slowly. Dr. Andrew stated that he saw a case in which this organ resumed its normal proportions, but it does not follow that the affected tissue became healthy. Budd was accustomed to give ammonium chloride. Dickenson has also seen what he describes as a resorption of the morbid material. Dr. Moxon cited an interesting case in which a patient with lardaceous disease seemed to recover completely during an attack of enteric fever. It has been observed that typhoid seems to avoid tuberculous patients as if there were some antagonism between the two bacilli. It is, I suppose, possible that in this instance the outset of typhoid prevented the further action of the bacilli tuberculosis. The surgical therapeutics are no doubt mainly prophylactic. Mr. Howse has had several cases in which great improvement followed amputation above a diseased joint.

At the end of this paper, gentlemen, one is still beset with difficulties. Why should one person go on suppurating for more than twelve months and remain with liver and kidneys intact, whilst another succumbs at the end of three. No doubt antisepsis makes considerable difference, especially as regards good drainage, but has the temperature at which a case suppurates any influence. Probably only indirectly, the temperature being proportional to the toxic absorption and an index to the same. The young suffer more than the old. To say that this is idiosyncracy explains nothing. No doubt the causative affections shew themselves early (except perhaps in acquired syphilis), and one knows that the thermic mechanism of children is easily and violently deranged by any sapræmic condition. Probably the other tissues participate in the susceptibility. Has the tendency to calcification which elderly people exhibit anything to do with their immunity from lardaceous change in protracted suppuration? I must leave you, gentlemen, to decide.

In conclusion, allow me to thank you for the attention with which you have favoured this somewhat lengthy, and I am afraid, barren production.

Reviews.

"NOTES ON PATHOLOGY."

By the late Dr. Carrington.

In its new cloth dress, neatly got up, we welcome an old friend; for in these days of progress and rapid changes, what happened in the middle of the eighties has already become mellowed by time, and earned a title to that respectful consideration and reverence which we are wont to accord our old acquaintances. It may be necessary to remind our readers that these "Notes" were written by the late Dr. Carrington, the beloved teacher and friend of so many old Guy's students, and that they were first published in the pages of the Guy's Hospital Gazette during the years 1887 and 1888. The eagerness with which they were then read, and the numerous enquiries which have since been made for copies of the Gazette containing them, induced the Committee to undertake their publication in a more convenient form. The labour of editing the "Notes" was entrusted to Messrs. H. E. Crook and G. Mackeson, and the neat little volume now before us is the result of their careful work. Dr. Goodhart has written an introduction to the book, in which he tells the story of the origin of these "Notes," but his modesty has prevented him from giving the history in full. His long experience in the post-mortem room shewed him that it was impossible to teach morbid anatomy in a systematic manner whilst making the inspections. Hence he resolved to give short demonstrations on particular specimens, or special diseases, at some convenient time when the post-mortem theatre was not otherwise occupied. All the best specimens from the autopsies of the week were carefully preserved, arranged in series to illustrate some particular lesion

and supplemented by preparations from the museum. Standing at the bottom of the theatre, with a heap of hearts, or whatever organ happened to be under discussion, before him, and a black-board to one side, he talked to us in that delightfully attractive fashion which we all admired so much. When Dr. Carrington succeeded to the demonstratorship of pathology, he continued the classes, and in some degree enlarged their scope. The present volume is composed of the notes or outlines of the demonstrations which he was in the habit of giving to his class. The sketchy nature and apparent unevenness of the "Notes" is thus explained. They were intended to form a guide to the naked-eye anatomy of diseases, rather than an epitome of the exact pathological processes involved; nor did they aim at completeness.

The editors have preserved these "Notes" in their original form, except for a few verbal alterations. They have, however, in some places inserted paragraphs of entirely fresh matter to fill the more obvious blanks, all of which are duly acknowledged. In going thus far we are almost tempted to wish that they had done even more, to render the volume a complete hand-book to the post-mortem room; and also that the numbers of such specimens mounted in the museum as illustrate the main features of a disease had been inserted. In that way it would have served the purpose of a museum guide too. Nevertheless, in its present form it will prove an invaluable help to those commencing the study of pathology, who must often feel bewildered by the jargon of an ordinary post-mortem demonstration, and disgusted with a subject whose perspective is measured by those rows upon rows of bottles in our museum. We sincerely hope that this little book will have a rapid sale, and thus give the editors an opportunity of removing such blemishes as are inseparable from a first edition; so that it may go forth from Guy's Hospital bearing the trade-mark of its laboratory—"Perfection."

J. H. T.

EXAMINATION PAPERS.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

DIPLOMA OF FELLOW.—FIRST EXAMINATION.

Anatomy.—1. Describe the Mastoid portion of the Temporal Bone; trace the changes occurring in the course of its development, and mention in their exact relation the soft parts in contact with it. 2. Give the course and relations of the following structures:—*a.* Left Bronchus; *b.* Common Bile Duct; *c.* Vas Deferens; *d.* Ureter in the Female. 3. Describe the Deep Fascia of the Thigh, including its bony attachments and the extent of the supplemental fibres derived from tendinous insertion. 4. Describe the Gangliated Cord of the Sympathetic in the Thorax, with its branches and connections.

Physiology.—1. Describe the sources and method of regulation of the Heat of the Animal Body. What is the meaning of the common terms "Cold" and "Warm" blooded? Give an account of some experiments used to determine the amount of heat lost by an animal in a given time. 2. State concisely what is known of Hæmoglobin; its origin, compounds, derivatives, and the homologous substances found in the animal kingdom. 3. Describe the minute structure and the development of the Adrenals. What theories have been advanced as to their functions? State the evidence upon which our knowledge of this subject is based. 4. Write a brief summary of the various methods by which the functions of the white columns of the Spinal Cord have been investigated. What is our present knowledge of the paths of conduction in those columns?

UNIVERSITY OF LONDON.

M.B. PASS EXAMINATION.

Obstetric Medicine.—1. Give the anatomy of the vulva (including its glands) in the adult virgin. 2. Describe the mechanism of labour in a breach presentation, in the right sacro-posterior position. 3. Give the diagnosis and treatment of a case of hæmorrhage at the end of the seventh month of pregnancy, due to partial placenta prævia. State the cause of the hæmorrhage under such circumstances, and its source. 4. What is meant by hour-glass contraction of the uterus? Give its causes, results, and treatment. 5. Describe the pathology and modes of termination of pelvic abscess occurring after delivery. 6. What are the more common causes of inflammation of the female bladder? Describe the symptoms and treatment.

General Pathology, General Therapeutics and Hygiene.—1. State the composition of the various Calculi met with in the human body. Discuss generally their modes of formation. Indicate the secondary effects which they are liable to produce. 2. Enumerate the chief therapeutic agents which are usually classed as Alteratives. Indicate generally the purposes for which they are employed; and point out any special relation between individual members of this group and particular diseases. 3. Mention the more important diseases which may be communicated by drinking-water. By what tests may the commoner impurities in water be detected, and how may its purity be secured? 4. Distinguish Hyperæmia from Inflammation. Give the characters of the main kinds of Hyperæmia, and state what changes may be produced in the affected structures. 5. Enumerate the drugs which may be used to modify the chemical reaction or composition of the Urine, in the treatment of diseases of the urinary organs. Explain the chemical principles involved in each case; and indicate the purposes for which these agents may be practically employed. 6. What are the chief factors which modify Climate? Illustrate the effects of climate upon the prevalence of particular diseases.

Surgery.—1. Give the symptoms, diagnosis, complications, and treatment of simple fractures of the ribs. 2. Give the pathology, symptoms, diagnosis, and treatment of cutaneous erysipelas starting from a wound.

3. Give the pathology, symptoms, diagnosis, and treatment of the first stage of tubercular disease of the hip-joint (*i.e.*, the stage before the formation of an abscess).

Medicine.—1. Give an account of the causation, symptoms, diagnosis, and treatment of Facial Erysipelas. What are its chief dangers? 2. What morbid changes may affect the Pericardium? Describe the physical signs of those conditions which can be made out by physical examination. 3. Give an account of the symptoms, diagnosis, prognosis, and treatment of Chorea in a child. Mention the chief complications which may arise. 4. Discuss the significance, diagnostic characters, and treatment of Vomiting, in relation to diseases of the Stomach. 5. State the chief causes, and describe the physical signs of Pneumothorax. What treatment would you adopt? 6. Give an account of the early and general symptoms of Rickets. Describe briefly the changes produced in the skeleton and viscera. Give an outline of the general dietic and medicinal treatment of the disease.

Forensic Medicine.—1. State briefly those facts connected with the dead body, which enable an estimate to be formed as to the time when death took place. 2. A dead body is found, death having resulted from the discharge of a firearm. How would you determine whether the case was one of suicide or of homicide? 3. What are the symptoms and post-mortem appearances of corrosive poisoning? How may the latter be distinguished from the effects of post-mortem softening? 4. What is the difference between the legal and the medical "test" of insanity? 5. Give the symptoms of poisoning by tartar emetic, and state how you would detect the poison in the contents of the stomach. 6. How are self-inflicted wounds, which are intended to simulate homicidal violence, to be distinguished from those inflicted by a second person with homicidal intent?

EXAMINATION PAPER RECENTLY SET IN THE UNIVERSITY OF SOUTHWARK.

1. Give the ætiology, diagnosis and treatment of "upp'ards and down'ards." At what age is this disease most frequent? 2. Discuss the differential diagnosis of "acid risin's" and "windy spasims"; what is the prognosis in uncomplicated cases? 3. What are the main symptoms of "Delirious bowels?" Give the lines of treatment to be pursued. 4. A patient is brought before you, whose "blood has changed to water," and is all for drink. Detail the probable P.M. appearances. 5. Enumerate the pathological conditions arising from strain. 6. Contrast Corruption and Humour. Give the clinical history of these conditions when affecting the eye. 7. Give the doses in ha'porths (minimal and suicidal) of salts, white precipitut, quiny-sort-of-thing-they-called-it hydrochlorate. What is the composition of (*a*) poor man's plaister (*b*) Cheap Jack's oils?

Δ συγγέγραφε.

UNIVERSITY OF CAMBRIDGE.

EXAMINATIONS FOR MEDICAL AND SURGICAL DEGREES. EASTER TERM, 1892.

Third Examination: Part I.

Principles and Practice of Surgery.—1. Give a full description of Rodent Ulcer and indicate the differences, microscopical and other, from Epitheliomatous Ulcer. 2. How may Rupture of the Urethra occur? What complications, remote as well as immediate, are likely to ensue? Give the symptoms and describe the treatment you would adopt. 3. Give the symptoms and treatment of acute inflammation of the Tympanum. What complications may arise in the course of the disease? 4. Write an account of gonorrhœal Rheumatism. State the changes that are liable to occur in a joint affected. 5. Acute glaucoma. Give the pathology, the symptoms, ophthalmoscopic and other appearances, the treatment and prognosis. 6. What are the ordinary manifestations of rickets? What is the pathology of the disease and what would be your treatment?

Midwifery.—1. Describe the structure, formation and functions of the Decidua. 2. Describe the causes of Uterine Inertia, and the treatment you would adopt in a labour protracted by it in the second stage, no structural causes of difficulty existing. 3. Explain the principal causes of Still-births in Infants, describing the modes of resuscitation in apparently still-born children. 4. A lady, æt. 25, previously regular, had not menstruated for two months. While walking in the street she was suddenly siezed with intense abdominal pain, and the medical man called in found her in a state of collapse, and apparently dying. Per vaginam nothing could be made out but an indefinite elastic swelling in Douglas' Pouch. There was a slight sanguineous discharge from the uterus. What was the probable nature of this case? What treatment would you have adopted?

Third Examination: Part II.

Prescriptions.—1. Prescribe Benzoate of Ammonia with Belladonna or Henbane for Catarrh of the Bladder. Prescribe Antimony in Acute Bronchitis. 2. Prescribe Iron and Arsenic in the form of a Pill for an anæmic woman. 3. Give the doses or range of doses of—*a.* Iodide of Potassium. *b.* Injectio Morphinæ hypodermica. *c.* Sulphate of Quinine. *d.* Salicylate of Soda. 4. Prescribe Sulphate of Zinc (1) for internal uses, (2) as lotion, gargle or injection.

N.B. The Prescriptions in Nos. 1, 2, and 4 are to be fully written out in Latin as if for a chemist, but without abbreviations.

Medicine, Pathology, and Medical Jurisprudence to follow.

VIVA VOCE IN MEDICINE AT THE LATE COLLEGE EXAMINATION.

CLINICALS.

(1) A man with dilated venules on his cheeks, slight sub-conjunctival œdema, and deposit of fat in the eye. "What would you examine next?" "His heart.' Slight hypertrophy, accentuated aortic second sound. "What next?" "Lungs." "What is the commonest lung complication of Bright's disease?" "Œdema." This was found. The examiner next wished the candidate to examine the R. side of the heart and say that there was an accentuated pulmonary second sound, as well as some epigastric pulsation. Candidate was then told that the man had albumen in his urine.

(2) A man with wasted R. supraspinatus, infraspinatus, deltoid, triceps, biceps, supinator longus, L. first dorsal interosseous. "Could the lesion be in the brain?" "No; it could be in cord, nerve, or muscle." "How would you exclude nerve?" "Probably there would be some affection of sensation." "There is none here." "What part of the cord might be affected?" "Anterior horns." "What affections of them do you know?" "Acute anterior poliomyelitis and progressive muscular atrophy." "What about reaction to Faradism in these two?" "Much less diminished in the latter." "What other difference is there between the two cases?" "Sudden onset in the one, gradual in the other." "Is it important that the interosseous muscle is affected?" "Yes; progressive muscular atrophy often begins there." The man had given a year's history of onset. "What lesion of a nerve might produce a similar result?" "Conceivably the anterior nerve root."

Prescribe for No. 1.

PATHOLOGY.

A heart laid open. L. ventricle thought by candidate to be slightly hypertrophied. "How would you tell it was hypertrophied?" "Weight, thickness of wall, development of musculi papillares." "What is the normal weight of a heart of a healthy man of 35?" Aortic valves quite healthy. Atheroma of one flap of mitral. Large saccular aneurysm of first part of aorta. "Cause of it?" Manner in which atheroma gives rise to aneurysm?" "Causes of atheroma?" "Characters of syphilitic arteritis?" "Common situations of the same?" "Seeing that aortic valves are unaffected, what symptoms would such an aneurysm give rise to?" When candidate mentioned "sometimes a systolic bruit,' examiner said, "Why is this often absent?"; and though candidate felt his heart sink at the sad blow to the veine fluide theory, yet he answered, "Deposit of fibrine." "Yes," said examiner, "Of course the roughness of the atheromatous wall would be smoothed." Accentuated second sound was much insisted upon by examiner.

Microscopic specimen: fatty liver. "Tell me one disease in which this occurs?" "Phthisis."

"Test this urine for blood." "Fallacy of guaiacum and ozonic ether test?" "Iodides." "Other tests for blood?" "Microscope, spectroscope." Examiner much wished for the KOH test.

Gallstones.—"How would you tell they were such?" "They float in water, burn in a flame, shew cholesterine crystals under microscope." "What other concretions may be passed?" "Enteroliths." "Where are they formed?" "Vermiform appendix." "What may they give rise to there?" "Where else may they occur?" "In sacculi in large intestine." "Results of gallstones?" "Can they cause intestinal obstruction without passing down through duct into duodenum?" "Yes, by ulcerating into intestine."

Whether the above exam. was easier, more difficult, or similar to the rest, I must leave to the judgment of my fellow-victims.

L.R.C.P.

A VISIT TO THE SMALL-POX SHIPS.

Three of us went down to see the famous ships one day last week, and one of our number was deputed to write a short account of the visit *pour encourager les autres*. Besides paying half-a-crown for the railway ticket, our expenses included previous vaccination, which in the case of those who "take" well, is no mean matter.

Starting from London Bridge (S.E.R.) by the 11.54 train, we arrived at Dartford in about an hour's time. The ships are about three miles from the station. To get over this distance, those who are rich take cabs, those who are fortunate get lifts, those who are neither walk. Arrived at the gates of the shore precincts of the establishment, we had to give our names to the gatekeeper. We were then rowed over to the ships, and received the most courteous welcome from the Medical Staff.

There are three ships moored together in the Thames. Two are old frigates, the third the rejected twin-ship of the Channel service. The centre ship is reserved for the officials and administrative purposes. The other two are Hospitals, and one of them is in use just now.

We were shewn over the unused ship, and especially the wards ventilated by extraction-shafts: and had our attention called to a certain inaccessible looking window, to which, by a series of monkey-like manœuvres, a delirious patient had climbed along beams and iron rafters, to be prevented from completing his design of throwing himself into the river only by an agile attendant seizing him by his garment until a sheet arranged over the water below was allowed to catch the struggling maniac.

We were then attired in holland overcoats and taken into the wards, where we saw the patients. There were examples of modified and unmodified small-pox, with a few confluent cases, and one of hæmorrhages into the pocks. The true hæmorrhagic cases, however, are retained at the filtering place—the South Eastern Fever Hospital—where the Resident Medical Officer sifts the

true variola from the more numerous varicella cases, which practitioners, alas! so often mistake.*

After seeing the cases we were rowed back to shore and made our way back to Dartford, arriving in London a little before 6 p.m.

We had not only obtained information that it is well-nigh impossible to get from books, but had gained it in the pleasantest way possible, owing to the ready courtesy of the Medical Officers on board.

May 10th, 1892. C. C. E.

Dr. Birdwood will be very pleased, any day except Mondays, at any time, to show Guy's men the patients in the Small Pox Hospital Ships, Long Reach, Dartford (trains to Dartford from London Bridge, S.E.R.). It will be a convenience to Dr. Birdwood, if those visiting the Hospital will arrange among themselves to go in batches of three or four at a time. All visitors are required to have been successfully vaccinated during the last two years.

PASS LIST.

UNIVERSITY OF CAMBRIDGE.

DIPLOMA OF PUBLIC HEALTH.

Trevor, E. T.

THIRD EXAMINATION FOR THE MEDICAL AND SURGICAL DEGREES.

PART I.

Barnes, J. S.
Birdwood, G. T.
Bolus, H. B.
Frith, W. S.
Godson, J. H.

PART II.

Birdwood, G. T.
Daniel, A. M.
Sharp, H. C.
Thomas, C. M.
Young, F. C.

FINAL CONJOINT EXAMINATION.

PASS LIST.

Birdwood, G. T.
Bligh, W.
Colclough, W. F.
Elliott, C. C.
Evans, J. R.
Frazer, E. E.
Greaves, E. H.
Landon, E. E. B.
Loveday, W. D.
March, E. G.
May, P. M.
Morice, C. G. F.
Pollock, J. R. R.
Rayson, H. K.
Saffery, F. G.
Scott, T. G.
Sheen, A. W.
Sichel, G. T. S.
Stearn, F. C.
Wason, R. L.

* We may observe that Dr. Birdwood believes in local infection in small-pox, *i.e.*, that those parts of the skin are most affected which are exposed to germs attacking them directly. He paints the face with Pulv. Cret. Aromat. Internally he gives Menthol in doses of gr. xv. in solution. See his paper in the forthcoming Guy's Reports.

Our Note Book.

The Editors will be glad to receive contributions for this column, and also to insert criticisms or discussions on any of the notes printed therein.

All contributions should be placed in the Editors' box on the Monday before publication.

A greyish white membrane on the uvula is a sure sign of diphtheria.

The pectoralis major is said to be the muscle most often congenitally absent of all those in the body.

In a case of acute rheumatism if the heart is going to be affected it will become so often within a few hours of the beginning of the attack.

When you find a foul discharge from the ear, accompanied by optic neuritis and pyrexia (perhaps also rigors), always suspect subdural abscess, and cut down on the mastoid, even if there is no pain over the bone itself.

The os calcis is always fractured by direct violence.

Impacted fractures of the neck of the femur are generally extra-capsular; unimpacted, generally intra-capsular.

The commoner causes of acute retention of urine are

In children	Stone.
	Phymosis and Paraphymosis.
15 to 25 years ...	Gonorrhœal urethritis.
15 to 25 years ...	Stricture.
35 to 45 years ...	Stricture. Alcohol.
45 to 75 years ...	Prostatic enlargement.

Empyema is a common cause of lateral curvature in children.

A cardiac thrill is a palpable murmur.

In giving yolk of egg in an enema, always add a little salt, as the rectum can absorb it best in a saline mixture.

The simple acquired deformities of young adult life are first the fixation and afterwards the exaggeration of the normal physiological condition of rest.

APPOINTMENTS.

BOWEN-JONES, L. M., L.R.C.P., Lond., M.R.C.S., has been appointed Medical Officer of Health to the Carmarthen Rural Sanitary Authority.

BRODRICK, C. C., L.R.C.P., L.R.C.S., Edin., has been reappointed Medical Officer for the Whitchurch and South Lydford Districts of the Tavistock Union.

JONES, W. M., M.R.C.S., D.P.H., Camb., has been re-appointed Medical Officer of Health for the Swinton Urban Sanitary District.

LANSDOWN, R. G. P., M.D., B.S., Durham, L.R.C.P., Lond., M.R.C.S., has been appointed Anæsthetist to the Bristol General Hospital.

MOSSOP, A. G., L.R.C.P., L.M., L.R.C.S., Irel., M.R.C.S., has been reappointed Officer of Health for the Port of Newhaven.

Passim.

It is with mingled feelings of hope and foreboding that we Editors from time to time approach the box in the colonnade to empty it—that is to say, to make it more empty, if possible, than it already is. With the latter of these two feelings experience joins its forces for the suppression of the former—and these should be overwhelming. But not many days ago we were rewarded for our persistence by a touching surprise. We found there, not a poem, not an eloquent effusion in prose—though what we found was, perhaps, both poetical and eloquent, and to us Editors was of still greater value. It was two pence: an offering, we would fain believe, from some friend and admirer, who cast in his widow's mite as an encouragement and sign of sympathy. The significance of this offering, we are aware, may be quite other than this. It may have been the misplaced conscience-money of some grateful, bashful patient, who wished to return thanks for a deliverance effected by mist. hæmatoxyli. Could it possibly have been—— No! such whispers of the evil one we reject: we cling to the beautiful myth that first suggested itself to our minds. But beautiful myths will not make extensive copy; not such, at any rate, as we imagine is required of the Gazette. The Gazette has a definite function as a chronicle of Hospital news, in which capacity it is mainly dependent on the captains of athletic clubs, and the zealous among the ward clerks and dressers, who have the best cases in the Hospital under their constant observation. But in this capacity we have to remember that ours is a students' journal; the official organ, perhaps, of students' clubs, but not a mere fortnightly reminder of notices that have been in the colonnade for weeks, a fate to save us from which we depend on the lively interest that students take in their own affairs. In addition to this, the Gazette exists to act as a reservoir for the natural fountains of wit and wisdom, originality and humour that, however deep down they may spring, everyone knows to exist at Guy's. It would be ungrateful of us to suggest the necessity of pumps. But the rainfall since the beginning of April has been unusually small, and the wells throughout the country are low. Lastly, we would point out that the work of the editors of a journal is to edit and not to write it, and that, even if they had the powers of doing both, the hard necessities of fate do not leave them time to do so in this instance.

In the recently published list of Examiners at the London University we notice two new names in subjects with which we are concerned. Professor H. McLeod, F.R.S., has succeeded Dr. Tilden as Examiner in Chemistry, and Professor E. Ray Lankester, F.R.S., has been appointed an Examiner in Comparative Anatomy and Zoology.

The subject for the Astley-Cooper Prize of 1895 is announced to be "The Anatomical Distribution of the Lymphatic Vessels, and the Physical Forces concerned in the Movement of the Lymph."

Two Prizes in Botany and two in Materia Medica and Pharmaceutical Chemistry are offered by the Society of Apothecaries. The examinations will be in the last week of July and the first week of August respectively.

THE Electric Indicator is now working in the smoking room in the Club. On the arrival of any member of the Staff a bell rings and a red indicator appears against his name. Unfortunately it was found to be beyond the means of the Club to arrange for the indicators to be similarly withdrawn one by one. They are left up till such time as it is convenient for the porter to withdraw them all, and so the board often gives false information as to the number of the Staff present in the Hospital. However we have much to be thankful for, and can now read the papers and smoke in comfort instead of loitering in the colonnade.

IT was with great pleasure that we heard that Dr. Shaw had been elected a Fellow of the Royal College of Physicians.

THE examination papers which we publish this week are capital material for those interested in the comparative study of examinations, but in point of usefulness at least we may be allowed to draw special attention to the paper recently set at the University of Southwark.

FROM time to time complaints have been received as to the way the coals are taken into the wards. They are either carried in in sacks and shot into the coal boxes with a deafening crash, or the coal boxes are noisily run down the ward and back, shaking every bed in transit; choreic movements will often return when a shock is received, and a typhoid will jump in bed at such a noise. If any of our readers can suggest a less noisy alternative for supplying the wards with coal, we shall be very pleased to publish it.

THE alterations which have been taking place in the premises adjoining the dispensary are now completed. There is a spacious room well fitted with all the apparatus necessary for practical pharmacy and materia medica, and on the walls are ranged specimens of the organic and inorganic drugs contained in the schedules of the various examining bodies. Under the able management of Mr. Collier, this room will prove a valuable addition to the many aids to study already existing in the Hospital.

WE must congratulate Dr. Crook and Mr. Mackeson on the "Notes on Pathology" which was published this week, and a review of which will be found in another column. We hope that it will not be the last book issued in connection with the GUY'S GAZETTE.

THE following is the list of members of the new Royal Commission appointed to consider the problems connected with the institution of the London Teaching University:—

Earl Cowper, Chairman.
Lord Reay, University College.
Bishop Barry, King's College, Lond.
Sir Lyon Playfair, M.P., South Leeds.
Vice-Chancellor Rendall, Victoria University.
Professor Ramsay, Glasgow University.
Professor Sidgwick, Cambridge University.
Canon Browne, University Extension.
Mr. James Anstil, London University Senate.
Mr. R. C. Palmer, Gresham Committee, Mercers' Company.
Sir W. S. Savory, Royal Colleges of Surgeons and Physicians.
Sir G. M. Humphry, Cambridge University.
Professor Burdon Sanderson, Oxford University.

WE are flattered, of course, for imitation is the sincerest flattery, and every week we receive the early number of some rising medical school journal, which we view in all the pride of our own "Vol. VI., No. 124," and we *might* emulate the frog in the fable, only we have just taken

new premises. Among others, all the way across the Atlantic, comes the *Corpuscle*. The *Corpuscle* is the organ of the Rush Medical College, Chicago, and a very smart paper to boot. It is neither a white nor a red, but a blue Corpuscle—at least its cover is—so blue that perhaps, in this played-out old country, there might be some danger of thrombosis; and it is published on very much the same lines as our own GAZETTE. There seems to be a very pretty *esprit de corps* among the Rush Medicals. We gather from the *Corpuscle* that they have their Clubs' Union, which they term their Alumni Association; that their colours too are orange; and that they too are partial to "Auld Lang Syne;" and half a glance at the *Corpuscle* will convince you that they too are (on occasion) "Jolly good fellows." We wish we could give our readers some extracts from this amusing publication, but we have placed it in the place where he who smokes may read. Suffice it to say it is very American; for instance, "Subintegumentions" is distinctly good, and "Warm salivating hand" very precious, while the man "who is so thin that you cannot differentiate a pain in his stomach from one in his back" ought to go down to posterity. We should like a key to the "Story in two jerks and a swish." In fact, so wrapped round the *Corpuscle* were we that we were really quite relieved to find that the few bad taste lines at the end of the paper were not the offspring of anything Rush—ian.

WE must confess we can hardly fix a *raison d'être* to the *Privateer*. As far as we can see, it has been started with a view to improve the social condition of University College and Hospital, from their account somewhat a large order, and we must admit a very laudable and desirable intention. The *Privateer* starts by running foul of the Executive, and such expressions as "giving no quarter" and "nailing colours to the mast" might prove dangerous sands to any vessel of greater draught than the *Privateer*. But that the social condition of U. C. H. is in a bad way there seems no doubt. Page 1 tells us that the "social reform of U. C. is hopeless." Page 2 "that the students are treated as schoolboys," and further on that their sport is almost as bad as the *ton social*. Last year they played 13 cricket matches and lost the lot, this year they hope to do better, but their fixtures are very weak. All the medical news consists of complaints of thefts and a list of medallists; the football news is even worse than the cricket. When the Editor says the next number will be printed in about a month's time, he is perhaps wise to mention no particular date.

THE following gentleman have been appointed Assistant Demonstrators in Morbid Histology for the summer session:—Mr. G. Mackeson and Mr. R. H. Luce.

DR. WASHBOURN, we are pleased to see, has returned from Rome. We hear he has the best of reasons for having done so.

A CORRESPONDENT has been rebuked for going round with the physician in Clinical (by whom does not appear), and writes, smarting with indignation, to be informed as to the etiquette on this point. Whether there be any etiquette or not, we do not know, and it is not for us to say what it is or what it should be. But we are told that when Dr. Wilks was physician in Clinical, he was always accompanied by a crowd

of students. A crowd must be objectionable, and it is not the first rudiments of physic that the Clinicals wish to be taught by their physician; if there is really any difficulty or doubt about it, it would be very easy to establish an understanding that none but those who had been three months in the medical wards should be admitted to the rounds in Clinical, unless, of course, it be true that now no one can claim this privilege but the Clinicals.

Guy's has been to the fore again in the neighbourhood of Gospel Oak, in North St. Pancras. On Wednesday evening last Messrs. Brereton, Elliot, Blake, Reynolds, Sargeant, Spon, Martin and Lawton, with the assistance of two friends, Messrs. Smith and Furrell, opened a gymnasium in connection with the Gordon Institute, which has been flourishing for some years under the guidance of the Rev. Charles Mackeson. The performance was worthy of the Pavy Gymnasium, and is another proof of the wide spreading good effected by Dr. Pavy's kind and thoughtful present.

Apropos of this performance, a remark made by one of the speakers created a profound impression amongst the medicals present. It was said that last Christmas a troupe of niggers composed of the *medical and surgical Staff* of Guy's Hospital had visited that neighbourhood. Can this be possible? !

We wish to apologise for the pictures of the ground that appeared in the last number, which were far below the level that our readers rightly expect of us, and far below the level to which we have, by Messrs. Ash & Co.'s ready assistance, hitherto been able to reach. They would not have been inserted but that it so happened that when they were submitted to us in proof the number was already made up, and the editorial staff were not able to spare the time from their other duties for the re-arrangement which their exclusion would have involved. This was an accident such as is always liable to occur in the management of a paper brought out under conditions such as ours is. We are sorry for the injustice, too, done to the excellent photographs which were put at our disposal.

Hospital News.

IN THE WARDS.

Under Dr. Pye-Smith.

Philip 26.—Interesting heart case. Admitted for rheumatism and pericarditis with effusion. There are now the following bruits:—At the apex a systolic, short, very musical murmur; in the 3rd and 4th spaces nearer to the sternum a second systolic bruit is heard, long and rough in character (? tricuspid regurgitation, ? pericardial rub). At the apex the second sound is accentuated, and there is also a short murmur following this (mid-diastolic).

Philip 29.—Post-influenzal paresis. All reflexes, especially the knee-jerk, well marked. ? Peripheral neuritis.

Mary 25.—Elephantiasis. Followed erysipelatous attack. No filaria sanguinis hominis to be found. Has not been abroad.

Mary 30.—Albuminuric retinitis. Gangrene of extremity of hallux: line of demarcation well marked.

Mary 30.—Mitral stenosis with presystolic, and perhaps a diastolic bruit alone.

Under Dr. Hale White.

In No. 3 Mary we have a patient gifted by the poetic muse, and moreover the direct descendant of the original inventor of Banbury cakes. Circumstances over which she has no control have placed her in pecuniary difficulties, and so prevented her from publishing a work containing over 30 of her original poems, with remarks and descriptions of the various unions and hospitals in which she has passed some little of her time. She will be pleased to be visited by gentlemen interested in literature, and such a visit will well repay them. What she is suffering from does not here concern us. The following is a charming fragment from one of her leading works, entitled "The Oxford Infirmary."

"Mr. Trash, Secretary was he;
Every time the gate-bell rang
The Porter goes to see.
There is two ways to walk
In case the men and maids may talk.
If they meet they're not afraid to speak,
For fear the Matron or Master to meet.

In steps Dr. Bristow,
He is so very clever;
He goes to his patients one by one
And wins their hearts for ever.

In steps Dr. Ogle,
He is so stout and strong;
He says, "Oh! Nurse, here's something wery wrong!"

In steps Dr. Grimwell,
He gives a steady look;
He goes to his patients one by one
And gives them each a book.

In steps Dr. Jackson,
With his two pair of eyes;
He goes to his patients one by one
And takes them by surprise."

Comment is unnecessary! Our poet has kindly undertaken to sing the praises of the "Orspital of Guys."

Under Mr. Howse.

Naaman 4.—Patient with hip-joint disease (right). Long history. Was in the Evelina Hospital 14 years ago. There is great deformity. Thigh is greatly flexed, adducted and rotated inwards. Ankylosis. Marked wasting of muscles in right leg. Lordosis marked. Patient has lardaceous disease. Albumen 4 parts per 1000: there are two sinuses with an offensive discharge, one near the anus, the other on the front of the abdomen at lower part.

Naaman 6.—Epithelioma of tongue. Excision by Whitehead's method. Rapid history, eight weeks. Growth was on left side and edge of tongue, and was irregular in shape and had a foul discharge, bleeding when touched. Operation 27th April. Left side of tongue removed wide of growth. Tongue is now nearly healed.

Naaman 7.—Necrosis of jaw. Incision and sequestrotomy. A year's history. Swelling at angle of jaw, was lanced then, never quite healed, a sinus resulting, with discharge. Bone was removed on May 4th, by means of cutting forceps and chisel.

Naaman 8.—Necrosis of femur. Patient aged 12½. Got wet. Pain and swelling left knee. Incision, exit of pus. Later sinus, with bare bone at bottom. Enlargement of lower end of femur. Sequestrotomy. Patient doing well.

Naaman 9.—Tubercular disease of wrist-joint. History of a fall with injury to wrist, three years ago. When admitted wrist was greatly swollen, and there was some grating on manipulation. (Feb. 16, operation). Partial excision of wrist, nearly all the proximal row of carpal bones removed. May 6th, exploration of wrist; bones were found very diseased. Patient advised to have hand and wrist removed.

Naaman 12.—Growth of rectum. Patient admitted for obstruction in rectum. Left lumbar colotomy was performed on January 26th. Patient has a large tumour occupying the whole of the lower part of abdomen in front. The tumour is hard, and there are several tortuous injected veins running upwards over surface. Patient in February had pressure symptoms in form of difficulty in micturition. Patient has now intra-muscular injections of mercury perchloride and sodium iodide every three days. The solution for the injections has the following constitution:—Hydrargyri perchloridi gr. v., sodii; iodidi; ʒj., aquæ distillatæ to measure ʒj., ɱv. every three days. Injectio hypoderm. morph. gr. ¼ is usually given just before.

Naaman 18.—Secondary syphilis, hard chancre, rash on body, copper coloured. Intra-muscular injections of hydrargyri perchloridi 10gr. to the ʒj.; ɱv. Patient has improved markedly under this treatment.

Charity 9.—Hip-joint disease. Dates back to when patient was 1½ years old. When 5 years old, came under care of Mr. Howse, who excised the hip-joint February, 1889. Re-admitted May 4th. There was a discharging sinus over left hip. Thigh was very much flexed, and adducted with inward rotation. Furneaux-Jordan amputation was performed by Mr. Howse, May 10th.

Charity 14.—Intracapsular fracture of neck of femur. Patient slipped on piece of orange peel and fell on hip while walking. No crepitus, ¾in. shortening. Treatment, Hodgen's splint.

Charity 15.—Necrosis of scapula. Sinuses about shoulder. Incision and scraping with Volkmann's sharp spoon.

Charity 16.—Fractured neck of femur. Extracapsular. Patient went out, and while walking on crutches fell and broke the shaft of the same bone. Re-admitted April 20th. Treatment—Hodgen.

GUY'S HOSPITAL DENTAL DEPARTMENT.

Practice during April, 1892.

Gold Fillings	105
Amalgam ,, ...	98
Osteo ,, ...	60
Perm. G.P. ,, ...	13
Temp. G.P. ,, ...	63
Artificial Crowns	7
Scalings	5
Dressings	70
Attendances for Mechanical Appliances	23
,, Extractions under Anæsthetics ...	240
,, ,, without ,, ...	344
Advice	45
Total	1073

THE MUSEUM.

The appeal made in the last number of the GAZETTE on behalf of the Dental Museum has met with cordial response from several quarters, and by far the most important presentation has been the gift by Mr. Traer Harris of all the best specimens in his collection. These will form a very valuable addition to the Museum.

The following donations have been received :—

Presented by Mr. TRAER HARRIS.

Gemination of temporary lateral and canine retained at the age of 20, leading to inward displacement of permanent canine. (Model).

Extreme displacement of the lower central and lateral incisors. (Model).

Conical supernumerary tooth causing anterior displacement of the right upper central incisor. (Model).

Abscess connected with right upper lateral incisor, filling up the whole vault of the palate. (Model).

Supplemental temporary right lateral incisor in the upper jaw. (Model).

Two rudimentary supplemental molars symmetrically placed opposite the buccal surface of the 2nd upper molars. (Model).

Lower molar with extensive inflammatory thickening of the periosteum, and an abscess sac in connection with which there was a sinus opening in the submaxillary region (spirit preparation).

Large abscess sac attached to apex of bicuspid root, the result of long-standing alveolar abscess (spirit preparation).

Upper wisdom tooth with cup-shaped apex of root, due to absorption.

Upper first bicuspid with deflected palatine root.

Lower molar with three roots.

Cemental union between a 2nd upper bicuspid and the anterior buccal root of a 1st molar, the result of periodontitis.

Upper molar with fine spinous roots.

Upper right wisdom with exostosed root.

Upper molar root with hooked spicular apex, due to absorption.

Upper bicuspid with bayonet-shaped root.

Right upper central with supplemental root springing from the neck of the tooth near the median line. There is a distinct groove on the face of the tooth separating the median and central columns.

Sequestra removed through the chin. The necrosis followed alveolar abscess connected with the 2nd lower bicuspid and 1st molar.

Bicuspid tooth with extensive green staining of the root, due to a copper amalgam filling in the crown.

Lower molar with four roots.

Left upper 1st bicuspid with a large opening into the pulp chamber of the root, not due to caries.

Lower right bicuspid fractured transversely by a blow from the fist. The whole of the pulp is attached to the upper fragment.

Upper wisdom tooth with tuberous exostosis of root, offering great impediment to the extraction of the tooth.

Upper bicuspid with marked exostosis of the lower half of the root.

Left 2nd upper molar with two deflected roots.

Presented by Mr. MANSBRIDGE.

Very large abscess sac attached to the root of a lower molar (spirit preparation).

Presented by Mr. NEWLAND PEDLEY.

Model of upper jaw after removal of right superior maxilla and half the soft palate.

Case of extensive congenital cleft palate and alveolar process. (Model).

Fractured lower jaw (model), and vulcanite splint.

Lower wisdom tooth removed from dentigerous cyst (by Mr. Howse).

Presented by Mr. BRIMMER.

Upper molar with two roots.

Lower canine with two roots.

Presented by Mr. MITCHENER.

Upper bicuspid with three roots.

May, 1892. F. N. P.

Correspondence.

To the Editor of GUY'S HOSPITAL GAZETTE.

SWEATING IN THE PROFESSION.

DEAR SIR,—That ours is pre-eminently a charitable profession may be matter for congratulation, and we may swell with pride when we hear the statement made. But have those whose charity earns this for the profession any real grounds for satisfaction? A certain amount of benefit may accrue to the recipients of the charity, though in many cases they can very well afford to maintain our poorer brethren, if only by supporting the dispensaries where doctors receive a stipend from the parish. The result of all this is that public companies, guardians of the poor, and other bodies requiring medical men take advantage of our reputation and systematically, and openly "fleece" junior members of the profession. Just one or two examples—various shipping companies used to offer good terms for ship's surgeons, the same companies now offer to gentlemen who have finished their studies, first-class accommodation, etc., etc., *and a free ticket*, not even an honorarium is mentioned. Recently a well-known Guy's man was driven *might versus right*, in an undignified manner, by a public body, to accept far less than rightly belonged to the office. A qualified medical man is wanted to reside in a workhouse,

all provided, and £12 honorarium; about the rate at which a boy of 14, who can write decently, would be paid on going in the City, and lastly, a local paper announces that a medical man is wanted as officer of health, to give all his time to his work, and to receive £150 per annum. I could give more instances. The least one can say is that a great deal of injustice is done to young medical men in this way. Is it not time the Medical Council or the Colleges moved in the matter?—Yours,

K.

DEAR SIR,—There is a want which seems very generally needed by Guy's men, viz.: a Swimming Club. I am sure if once started it would be well taken up. Moreover, we might raise a Polo Team to compete against other hospitals, which already possess them. There are plenty of good men who would make a very good team, and who would give a very good account of themselves against any other hospital. Lewisham Baths, near the Honor Oak Field, are suitable in every way, and might be made the rendezvous of the members.—I am, yours truly,

SIDE-STROKE.

THE ANGLER.

When at Hastings last week I had the good fortune of seeing one of these rare fishes. As an instance of the special development of an organ for special ends, the "angler" presents an excellent example. The one I saw weighed 41 pounds, and was about 3 feet long. The anterior half of its body, including the head, was enormously developed, resembling somewhat in appearance a fat toad, while its posterior half was small in comparison. The fins, small, square and flat, situated somewhat dorsally in its middle third, which, together with its attenuated tail, gave the impression of feeble locomotion. The jaws were of huge proportions, measuring 12 inches from one angle of the mouth to the other, and the same size in a vertical direction, armed with a double row of formidable teeth having a slanting direction towards the gullet; a second double row of teeth confined to the lower jaw, extended behind the anterior set. From the upper jaw hung two fleshy masses, forming the soft palate, armed with a triple row of teeth also slanting in the direction of the gullet. The small eyes situated quite dorsally and very far back added to the sinister look of the brute. In the dorsal median line, about four inches from the edge of its jaw, the organ which gives the fish its name, rose as a conical fleshy process, $1\frac{3}{4}$ inches long, tapering into a whip-like cord $\frac{1}{4}$ inch in diameter, and some ten inches long, at the end of this were two triangular plates $\frac{3}{4}$ inch long, and attached by their apices to the whip-like cord.

These little plates were white and remarkably glistening, contrasting with the dull grey colour of the body. Behind this bait apparatus and separated from one another were three more slender cords, but without triangular plates at their ends. The whole set of four cords suggested a metamorphosed dorsal fin. The use of the stalk with its triangular appendages seems to me to be for alluring its prey, and by dangling this singular apparatus in front of its jaws, entice the unwary small fry into that chamber whence egress seems impossible, and this idea seems strengthened by the feeble development of its locomotory organs, and by the peculiar arrangement of its teeth.

W. DÉ KORTÉ.

RECENT PUBLICATIONS.

Hamilton (F. H.) A Practical Treatise on Fractures and Dislocations, 8th Edition, revised and edited by S. Smith, 8vo. Smith & Elder, 28/-.

MacDonald (G.) a Treatise on Diseases of the Nose and its Accessory Cavities, 2nd Edition, Crown 8vo. Watt, 10/6.

Sisley (R.) A Study of Influenza, 8vo. Longman, 3/6.

Sutton (H. Gowen) Lectures on Pathology, delivered at the London Hospital. Edited by M. E. Paul and revised by Samuel Wilks, 8vo. Churchill, 15/-.

Year Book of Pharmacy, 1891, 8vo. Churchill, 10/-.

Sport.

CRICKET.

GUY'S XI. v. EARLSWOOD ASYLUM.

This match was played at Redhill on Saturday, April 30th. Guy's XI., 133; Asylum, 125. For Guy's, Reid made 24, Francis 20, and Hewetson 14; while Bettington took 5 wickets and Francis 4.

We had a very jolly afternoon, and after a good tea were shown over the Asylum by Dr. Jones, to whom our best thanks are due.

GUY'S FIRST XI. v. BECKENHAM.

This match was played in lovely weather on May 7th in the presence of a fair sprinkling of spectators, on the Beckenham ground. Guy's lost by 8 runs.

Beckenham batted first, and for them Crosskey and Robertson showed best form with 30 and 29, respectively.

On Guy's going in, they at first fared badly, but later Joyce made a bold but unsuccessful attempt to pull the match out of the fire. Northcote got 5 wickets cheaply. Of the two colts, Hancock and Hicks, the former bowled well and the latter contributed a dashing 19, his only fault being over eagerness to score. Lucas made a grand catch at slip. After the match the team were most hospitably entertained by C. N. Layman, Esq., and a very pleasant evening was spent.

Beckenham.

C. Cooper, b Joyce	1
E. Crosskey, b Hancock	30
W. Grant Wilson, c Hicks, b Joyce	24
P. Northcote, b Hancock	7
J. Robinson, l b w Hancock	29
G. J. Gulliver, c and b Bettington	12
J. N. Noakes, b Hancock	1
D. H. Barry, c Lucas, b Hancock	18
G. Clarke, b Bettington	0
J. B. Harbottle, b Bettington	1
S. N. Noakes, not out	1
Extras	14
	138

Guy's.

E. Reid, c Robertson, b P. Northcote	5
C. J. Francis, st Harbottle, b P. Northcote	0
E. T. Shorland, b J. Robertson	18
J. H. Bettington, run out	4
S. G. Layman, c S. N. Noakes, b P. Northcote	14
J. H. Joyce, not out	55
R. B. Stamford, b J. Robertson	4
H. T. Hicks, c and b P. Northcote	19
W. T. Hancock, b P. Northcote	5
H. Hewetson, b J. Robertson	0
C. R. Lucas, b J. Robertson	2
Extras	4
	130

Bowling Analysis.

	Runs.	Overs.	Mdns.	Wickets.
Bettington ...	59	24	5	3
Joyce	30	11	3	2
Hancock ...	46	21	8	5
Francis ...	3	1	—	—

SECOND XI. v. ST. AUSTIN'S, DULWICH.

We put them in first, and though batting in free style, they had very little idea of the game, and were dismissed for 49. Moore taking six wickets and King and Yorath two each. Guy's made 167: Budge who hit very well on the leg side making 36 and Tuck a similar score. Moore hit hard for 25. J. J. E. Biggs, who had fielded in finished style, showed prowess with the willow; Spon made 15 not out, and must be seen again.

GUY'S HOSPITAL v. EALING.

Played at Ealing on Wednesday, May 11th, and resulting in a win for the visitors by 112 runs. For Guy's Bettington batted in grand style, never giving a chance. Several of our men got out by bad cricket, Francis being by a full pitch.

Ealing.

S. F. Wood, b Bettington	6
G. Perkins, c Joyce, b Bettington	14
P. V. Johnstone, b Hancock	9
W. G. Alcock, b Joyce	21
E. A. James, c Fitz-Hugh, b Hancock	14
E. Jowitt, b Joyce	0
B. C. Pearce, b Hancock	0
A. Tyndall, b Bettington	9
D. H. Jeboult, run out	3
S. J. Rammell, c Tuck, b Hancock	16
W. E. Holland, not out	0
Extras	17
	109

Second Innings.

Rammell, run out, 0; Jeboult, b Hicks, 4; A. Tyndall, not out, 11; and Pearce, not out, 7.

Guy's Hospital.

E. Reid, b Allcock	12
C. J. Francis, b Perkins	5
J. H. Bettington, b Johnstone	96
J. H. Joyce, b Allcock	6
H. I. Hicks, b Allcock	0
R. B. Stamford, c James, b Allcock	42
W. I. Hancock, b Perkins	17
E. S. Tuck, c Johnstone, b Allcock	0
P. R. Fitz-Hugh, b Johnstone	2
C. R. Lucas, b Johnstone	5
N. H. Pike, not out	6
Extras	30
	221

Advertisements.

The Grove, Jersey.

Proprietor, F. Neel Gaudin, M.P.C., M.R.C.S., L.S.A.

A HOME for the Treatment of Nervous and Mental Diseases, both sexes. Handsome Mansion in Park of 11 acres, besides gardens and farm land. Healthily situated on high ground, with extensive sea views. Associated and single rooms, and self-contained suites of two, three or four rooms. Sea bathing (hot and cold). Usual amusements and occupations.—For terms and particulars, &c., apply to Charles Caldecott, M.B., B.S.Lond. (Guy's), Resident Medical Superintendent.

RESIDENT PATIENTS. — Margate. — M.D.Lond., F.R.C.S. Eng., (married), residing in a commodious house facing the sea, in best position, with tennis lawn in front, has accommodation for one or two of the above. Drainage guaranteed perfect. Terms moderate, according to requirements.—Address, Dr. Crook, Dalby Square, Margate.

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NOTICE TO CORRESPONDENTS.

The Editors wish it to be understood no communications can be inserted which are not guaranteed by the name of the sender. All articles must be written on one side of the paper only.

Notice.

All Communications, Articles, Letters, Notices, and Books for Review, should be forwarded, accompanied with the name of the sender, to the Editor, GUY'S HOSPITAL GAZETTE, *Guy's Hospital, S.E.*

The annual subscription to the GAZETTE *is 6/6, post free 7/6. All financial communications, as well as subscriptions, should be sent to the Financial Editor,* Mr. C. H. WELLS, MEDICAL OFFICE, GUY'S HOSPITAL.

Any of our Subscribers, who may be desirous of having their numbers of the GAZETTE *for 1891 bound, should leave them with the Librarian as soon as possible.*

The charge for binding in blue, with the Arms of the Hospital in gold, will be ONE SHILLING *and* SIXPENCE.

Guy's Hospital Gazette,

MAY 28, 1892.

NOTES ON A LECTURE BY MR. GOLDING-BIRD ON FOREIGN BODIES.

Difficulties and emergencies crop up in general practice often when least expected. No one would suppose from the descriptions in books that there was any difficulty in distinguishing measles from scarlatina, or that it was possible to overlook a case of typhoid fever. No one would suppose that false teeth could really often be swallowed; and yet it is probable that several of those present will have to deal with such cases. False teeth have now become so common; in fact, the human animal may be said to cut three sets of teeth, his milk teeth, his so-called permanent teeth, and his false teeth. An interesting case of teeth-swallowing was that of the son of a well-known business man in the near neighbourhood of Guy's, who, on the 17th of February, 1887, in a mid-day nap swallowed his teeth, a set of three furnished with a sharp projecting hook, by means of which it should have been held in position. The teeth were certainly not in his mouth, and could not be felt in the throat shortly after the accident with either probang or forceps; neither could they be felt in the stomach when some hours later a Langenbeck's bougie was introduced. At this time the patient was comfortable enough, could eat without pain, and breathe easily. Directions were given that he should live upon oatmeal porridge for the next few days and some opium was ordered. And then after four or five days castor oil and an enema produced the teeth safely embedded in a mass of meal. Some such treatment as this should always be resorted to in such cases to save the intestine from laceration as much as possible. Berlin wool chopped small has been recommended and found useful, but in this case an oatmeal diet was sufficient. An interesting feature of this case was that on the day following the accident dysphagia came on, with an excessive discharge of mucus from the mouth and considerable pain at the back of the larynx. Three days later a considerable thickening could be felt behind the thyroid cartilage, apparently in the walls of the pharynx. As this was before the teeth had been brought to light, it might have suggested some mistake in the preliminary examination, and a possibility of the teeth being embedded in the walls of the pharynx; but the teeth in due course having been discovered, it was not till a week or two later that the pericœsophageal thickening, which had become an abscess, was cleared up by bursting externally. The teeth had caused severe pharyngitis by laceration; and the dysphagia and profuse flow of pharyngeal mucus were the symptoms that this had produced.

Fish bones and pins are at times impacted in the pharynx. But the fact that hysterical women frequently imagine that they have pins or fish bones sticking in their throats, makes it necessary to be cautious in the diagnosis. It is most common in the case of fish bones to find a slight wound, caused by the bone as it was being swallowed, producing an immovable conviction that the bone is still lodged in the

throat, most usually in the neighbourhood of the posterior pharyngeal pillar. In the case of pins there is often not only no pin but no wound to be seen, the whole affection being imaginary.

An ear of wild grass which had been swallowed once produced many of the symptoms of phthisis. It worked its way from the œsophagus into the mediastinum, caused a mediastinal abscess which finally pointed beneath the breast, and was recovered almost unaltered. The way in which needles pass from one part of the body to another is familiar even to the public.

A silver tracheotomy tube, which had been put in by Mr. Hilton in 1837, was worn by Sarah T. for 53 years. On April the 23rd, 1890, the shield came off and the tube slipped down the trachea. Air entered the left lung badly and there was dyspnœa. The opening was enlarged and the tube recovered by means of suitable forceps. Foreign bodies are said for anatomical reasons to slip most readily into the right bronchus: this tube slipped into the right bronchus, but it was the left lung which lost its supply of air. The tube must have been lodged with the lower end in the right and the upper end lying across the left bronchus, the air being transmitted to the right lung through the tube, but prevented from entering the left.

A remarkable case occurred the other day which was shortly noticed in the GAZETTE. A man, who was admitted for a wound of the hand, became suddenly dyspnœic and cyanotic as the effect of the anæsthetic was passing off. The House-Surgeon, Mr. Rogers, saved the patient's life by instantly doing tracheotomy: the patient had just vomited, and the inference was drawn that some vomited material was lodged in the trachea, and this proved correct. A lump of meat as big as the terminal phalanx of the thumb was coughed out through the tracheotomy wound. This occurred at 4 p.m.; the same evening at 10, the symptoms recurred and another similar lump was removed. It had remained six hours in the air passages.

A boot button in the nose of a small child who had been suffering from bronchitis gave rise to symptoms of tubercular ozæna; and in a boy of 7, a button, similarly introduced into the nose, found its way through the lateral cartilage into the middle of a hard inflammatory swelling on the surface of the superior maxilla, which was so hard indeed as to give rise to the diagnosis of bony tumour, only corrected by an incision.

An old gentleman, who chokes at dinner from getting a bone into his glottis, should be treated first with the handle of a salt spoon bent into a hook. But it may be necessary to perform tracheotomy with a pocket knife.

Metal and other smooth substances are very unirritating.

Shot give rise to no trouble if they are in a part of the body not submitted to pressure. A man received the greater part of a charge of shot in his hand: Mr. Golding-Bird removed the shot from the palm, but those which were lying under the skin of the dorsum he refused to touch, because they could do no harm and give no trouble there.

Part of the lock of an old-fashioned gun was shown, which by the bursting of the gun had been blown into the patient's face; the huge wound healed without its presence being suspected: 21 years later the foreign body ulcerated through into the mouth; it had lain that time in the antrum.

A needle, or part of a needle, should never be hunted for in the tissues of the body by the surgeon till he has marked out exactly the spot where either he can feel part of it, or the patient can feel a prick on pressure.

Needles that have been long in the body will be found to be encased in fibrous tissue. A girl ran a needle into her leg, and a year after came to have it removed. It was felt in the

subcutaneous fat, and when cut down upon it was seen enclosed in a fibrous tube precisely like a small artery.

A girl was admitted in 1889 for a swelling like a carbuncle at the bend of the elbow, on which was seen the mark of a crucial incision, one limb of which was not healed. The swelling was speedily dispelled, and the whole cured by pot. iod. and red oxide ointment. A few days later she came back to the Hospital, the swelling having reformed. It was opened, and a pin was found in it. The pin, however, was bright and not encysted; it had evidently been purposely introduced since the former cure, there being other evidence of the girl being a malingerer.

A long bonnet pin was shown which had been introduced into the male urethra and had slipped up out of reach, point downwards. It was seized with the forceps, by a great stroke of luck, exactly at the point and withdrawn without lacerating the mucous membrane. Generally foreign bodies which reach the bladder per urethram in the male can only be withdrawn by cystotomy. In the female, however, the urethra may be dilated with dressing forceps in the course of a minute or two sufficiently to admit the index finger, and then still further dilated by the finger, and so the foreign body can be removed.

Foreign bodies in the bladder produce symptoms closely simulating those of tubercular disease of the bladder (blood pus and intense pain), as was seen in the case of introduction of a paraffin bougie per urethram which was recently reported in the Gazette.

APPOINTMENTS.

Basus, Surgeon-Captain Bamans Das, has been appointed Civil Surgeon of Jacobabad.

Bean, Chas. E., L.R.C.P. Lond., M.R.C.S., has been appointed Analyst for the Plymouth County Borough, vice Oxland, resigned.

A VISIT TO THE HERTFORD SEWAGE FARM.

On May the 14th a party of five of us, by the kind invitation of Mr. George Turner, went down to Hertford to see how sewage should be disposed of. A quick train from Liverpool Street took us down, without stopping, to Broxbourne, where we were joined by Mr. Turner; and from thence to Hertford it was a short run. Mr. Turner pointed out to us the New River, which supplies so much of London with water, and also explained the effect that the growth of London in recent years had had on the rivers of East Hertfordshire. The New River Company has had to establish no less than thirteen pumping stations, to pump water up from the chalk, in order to increase the New River supply; and the result of this has been that the whole Lea basin has been exhausted, and many of the small rivers which run into the Lea, such as the Stort, the Rib, and the Ash, have been seriously reduced in size; a small and not too well watered rural district having to bear the brunt of the water supply of the enormous population of the Metropolis. From the train we saw also a small stream of limpid water, which we were told was the Hertford effluent, the purified sewage running down to join the Lea. From the Hertford Station a short walk brought us to the Farm.

The town of Hertford, with a population of less than 8,000, sends daily more than 2,000,000 gallons of sewer water to the Farm, to be filtered till it is in a fit condition to be discharged into the river Lea. Owing to a wasteful arrangement by which the subsoil drainage is led off by the same sewers as the town drainage, this amount is very much higher than it should be—at least eight times. The cost of filtering and purifying this is consequently £700 a year, instead of about £200 or £250. But Mr. Turner means to get this altered.

The sewage water as it approaches the farm has a small stream of a solution of sulphate of iron mixed with alumina led into it by a pipe; and the complete mixture of these precipitants is ensured by a system of salmon ladders, under and over which alternately the sewage is made to run. It is then received in a well where lime-water is mixed with it, and from here it flows into great tanks, in which it makes a sojourn of some four hours before it is allowed to flow out through coke filters into the effluent. Interdigitating dams run from the sides of the tanks across the course of the current, so as to retard and distribute the flow equally through every part of them; and skimming boards are suspended on the surface, which serve to arrest the scum which fermentation brings to the top. In the course of the four hours during which it stays in the tanks the purification of the sewage is effected by the minerals added; the colloid alumina and oxide of iron acting much as white of egg does in clearing coffee, and at the same time weighting the organic matter so as to cause it to sink. The disinfectant properties of lime and ferrous sulphate are at the same time brought into play.

The sewage water, thus filtered, flows over a weir at the lower end of the tank, on to an undershot wheel, which is the source of power for mixing the solutions of lime and alumina, and pumping them to the part of the works in which they are wanted, and so out into the effluent. The sludge, or more heavily charged sewage water containing all the organic matter carried down by the alumina, iron and lime, which is not allowed to run into the effluent is run off into shallow beds where it gradually dries into the consistency of soft clay. The fluid which drains out of these beds is led back into the upper end of the tanks, and the mud which is left is sold to any farmers who are willing to fetch it, for a shilling a ton; by them it is used as a dressing for pasture, roots and cabbage crops. It was remarkable how surprisingly inoffensive this final concentrated product of the process was; indeed, in no part of the process, except where the stream was splashed and broken up by the undershot wheel, was one reminded of the nature of the fluid by impressions on the senses. In sewage works of a more recent model the mud is more thoroughly dried and then burnt, the organic matter it contains being the fuel, and after this it is used in the manufacture of Portland cement—

> Imperial Cæsar, dead and turned to clay,
> May stop a hole to keep the wind away;

or else the mud is submitted to pressure and dried into blocks that are convenient for transport and the market, having only to be broken or ground up before being spread out on the land.

In case of very heavy rains, such as occur not more than three times in a year, a valve which puts the tanks in direct communication with the effluent is opened, and the dilated sewage flows directly into the effluent, and so into the Lea. If this were not allowed, the town of Hertford would be flooded with its own sewage, with far more disastrous results than at present follow the occasional emission of unfiltered sewage into the Lea. At such flood times the river-water above the effluent is as fully charged with organic matter as it is below.

In many sewage farms beds either of osiers or of watercress are grown close at hand, and either the sludge or any overflow which it may be necessary to dispose of is run on to them. The osiers or watercress purify the water and break up all offensive organic matter into inoffensive mineral or succulent vegetable material. The decline in the osier trade, due to fish being packed in boxes instead of baskets, among other causes, has resulted in the increase of watercress beds. Those at Tottenham very largely supply the London markets.

Leaving the works we walked along the pleasant banks of the effluent to Ware. The

water in the effluent is not unusually turbid. To demonstrate this, Mr. Turner borrowed a visiting card and fastened it to the end of a walking stick; and then, even at the depth of two feet below the surface of the water, the inscription, "Mr. T. I. Mills," could be clearly read. Mr. Turner said he had frequently seen roach and other fish jump the weir at the lower end of the effluent, leaving what a prejudiced person might have thought more congenial waters for those of the effluent; and fish were generally to be seen flourishing in it. He had often tried to get cultivations of bacteria from the water in it, but had never succeeded in getting any but those of Beggiatoa Alba and Bacterium Termo. The former was conspicuous to the naked eye, forming greyish white flocculi, entangled among algæ, at the bottom of the stream. Mr. Turner said too that he had filtered the water through book muslin for some hours, and that the muslin filters weighed less after being dried than before they had been used; having lost more size and starch than they had gained in solid matter suspended in the water.

The presence of the Beggiatoa Alba proves the presence of sulphur in the water: but that this sulphur is in a very stable and inoffensive form Mr. Turner had shown, by floating from one end of the effluent to the other a piece of wood, over a circular hole in which lead paper was fastened. On its reaching the lower end, the lead paper showed not the slightest indication of the presence of sulphuretted hydrogen.

In a recent lawsuit the Lea Conservator made a great point against the Hertford Sanitary Authorities, of certain suspicious and unpleasant-looking masses of a dark colour that might be seen floating on the effluent. These, Mr. Turner pointed out, might be seen in any river, and were simply samples of the soil from the bed of the river floated up to the surface by the algæ which live in it, and by vital processes generate gases in it. The lawsuit was decided very strongly in favour of the Sanitary Authorities.

After reaching the Lea we had an interesting illustration of the advance of sanitary science; the gardens of many houses in Ware run down to the river, and at the end of each of them there is a picturesque building projecting out over the river; these, which have now all been converted into summer houses, were at one time, not very long ago, the means by which the river became the main sewer of the town.

At Ware, we took the train back to London, and, owing to the kindness of Mr. Turner, felt well rewarded for the five hours we had spent away from the charms of London.

Hospital News.

IN THE WARDS.

Under Dr. Pye-Smith.

Philip 33.—Chorea, in adult of 19, following acute rheumatism six months ago. No abnormal heart sounds.

Under Dr. Taylor.

Stephen 7.—Case of aortic disease, showing Cheyne Stokes' resp.

8.—Acute rheumatism. Pneumonia. Pleurisy. Congenital syphilis.

13.—Severe epistaxis. Chronic Bright's disease.

15.—Empyema. Operated on, May 22nd.

17.—Interesting heart case. Pulsating liver.

20.—Chorea. Æt. 7; onset rapid, accompanied by rheumatic pains.

Mary 48.—Phthisis.

Cot 56.—Broncho-pneumonia. Congenital syphilis.

" 57.—Tubercle in lungs and peritoneum. Glands felt in abdomen.

Under Dr. Hale White.

Mary 8.—Æt. 40. ? Sacro iliac disease. ? Uterine or ovarian disorder. Severe pain in region of right sacro-iliac joint; high temperature (105° two days after admission).

Mary 11.—Æt. 53. Morbus cordis. Bruits; presystolic and systolic apical, to and fro aortic. Very little backward pressure; aortic regurgitation moderate.

Stephen 31.—Chronic Bright. Albuminuric retinitis.

Stephen 37.—Peripheral neuritis. Railway crush 14 years ago; right arm fractured in two places; left leg amputated; has lost sensation and power in hands and arms for about a month. No reaction of degeneration. Neuritis probably due to crutches.

Stephen 39.—Æt. 25. Typhoid and pleuritic effusion. Patient was admitted for pleurisy with effusion. The day after admission he passed typhoid stools; developed typical tongue and a somewhat doubtful crop of spots about 10 days later. No Ehrlich's reaction; atypical temperature; abscess in neck. Pleuritic effusion still remains.

Stephen 40. — Æt. 18. Pneumonia and pleuritic effusion. Patient admitted on 8th inst. with two days' history of pains in head and chest, and rigors. Temperature on admission 102°, rose to 105·2° at 10 p.m.; fell to normal next day at 6 p.m. (crisis on 3rd day); has been hectic ever since. Pleuritic effusion appeared the day after admission in right chest.

Clinical.

John 1.—Anæmia, hæmoglobin 30 per cent., red corpuscles much smaller than normal, 94 per cent. Solid mass in right lumbar and inguinal regions, with constant pain of a year's duration. ?

John 2.—Erb has recently endeavoured to separate syphilitic from other forms of myelitis. According to him the points distinctive of the syphilitic form (of which this case is probably an example) are, (1) gradual onset, (2) partial paraplegia, (3) moderate anæsthesia, (4) clonus and exaggerated tendon phenomena, (5) no rigidity of legs, (6) tends to improve rather than get worse, (7) no bed sores or cystitis in the early stages.

John 3.—Tubercular peritonitis and chronic hydrocephalus. At the autopsy the former part of the diagnosis was verified, but the large size of the head was due to great hypertrophy of the brain, which weighed 57 ozs., though perfectly healthy.

John 4.—Came in with an acute illness of obscure nature. Various suggestions were hazarded as to its character, such as delirium tremens, acute nephritis, pneumonia, etc. The only definite physical sign was a temporary pleuritic rub in the left axilla. The autopsy shewed universal recent pleurisy over the whole of both lungs, with sero-purulent effusion in both chests.

John 8.—A. G. G., æt. 11. Acute rheumatism, followed by mitral stenosis and regurgitation, and probably adherent pericardium.

John 9.—W. M., æt. 26. Tetanus: the wound on the nose was excised on May 19th as it seemed to be keeping up the irritation, and the rigidity has diminished but not disappeared.

John 3.—J. M. R., æt. 3½. Phosphorus poisoning. Temperature first day, 101·4°, since when has made an uninterrupted recovery.

John 4.—C. J., æt. 45. In Philip last year. Admitted this time for hæmoptysis. Has dilated tortuous veins over chest and abdomen conveying blood downwards, *ergo*, obstruction to superior cava. Left vocal cord almost totally paralysed. Has had undoubted syphilis. Three things are possible—(1) Aneurysm, of which there is no other sign. (2) Mediastinal growth, history too long. (3) Thoracic gumma. This last seems on the whole most probable.

John 8.—A. G., æt. 11. Acute rheumatism, double pleurisy, double mitral disease, ? adherent pericardium.

John 11.—E. H. M., æt. 22. Double aortic disease, mitral regurgitation and ? stenosis, enlarged liver, &c.

John 10.—Ague.

John 14.—J. A., æt. 31. H.Cl poisoning.

Miriam 28.—Ulcerative endocarditis. E. W., 14, acute rheumatism four months ago. Cardiac symptoms from the first. A month ago sudden left hemiplegia, with partial facial palsy (since cleared up). Continuous pain in right foot, with no physical signs. Profound anæmia, "white as a sheet;" hæmorrhage in left retina. Presystolic and systolic apical bruit and systolic thrill. Temperature 101°—102°.

Miriam 35.—K.C., 20 months. Swallowed some paraffin oil; made a good recovery after "washing out." It seems very uncommon for paraffin to be fatal. Another child of 21 months admitted into Miriam on April 20, also recovered without a bad symptom, after washing out and ol. ricini.

Miriam 18.—A.C., æt. 5. Corneal ulcers; enlarged liver and spleen; jaundice of a year's duration; suppurating cervical glands. ? Congenital syphilitic cirrhosis with secondary splenic enlargement.

Miriam 26.—C.M., 22. Chorea in pregnacy (4½ months on admission), with hæmic bruit at apex. Improved markedly on mist. ferri. et quassiæ and went out practically well.

Miriam 21.—A.C., 18. Phosphorus poisoning by rat paste in a currant dumpling, self administered. Treated with French oil of turpentine after thorough evacuation of stomach. Excellent recovery.

Miriam 23.—B.N., 26. Double aortic disease. Left pleural effusion.

Miriam, Cot 35.—V.M., 18 months. Swallowed some crude carbolic acid. Stomach and bowels thoroughly evacuated statim. No bad symptom whatever on admission beyond slight drowsiness. Two hours after taking the poison respiration and heart both suddenly failed. The autopsy shewed *nil*.

Under Mr. Davies-Colley.

Lydia 6.—G. H., æt. 13 months. Admitted 12th instant for cleft palate. Patient has a twin sister who has no developmental abnormality. Mr. Davies-Colley previously operated for hare-lip on right side last July.

Condition on admission. — Soft palate completely divided. Hard palate divided as far as anterior palatine foramen.

Cleft at posterior extremity = ¾ in. wide (about).
" anterior " = ½ in. " "

Alveolar process of right superior maxilla slightly displaced backwards. Its anterior extremity is overlapped a little by part of alveolar process formed by premaxilla.

Operation, 20th inst.—A rectangular flap of mucous membrane was made from the right half of the hard palate, and was raised by a raspatory, the inner margin only being left attached. This flap was turned inwards, and its free edge fixed near the margin of the cleft on the

opposite side of hard palate by means of two silk sutures. The mucous surface thus formed the floor of the nasal cavity, and the raw surface looked downwards. Another flap was made from the left side of hard palate by two longitudinal incisions, joined anteriorly by curved incision, leaving it attached by the base posteriorly. This flap was then drawn obliquely to the opposite side across the first flap, and fixed by means of two silver sutures, the raw surfaces of the two flaps being thus pressed together. Patient doing very well.

Lydia 4.—? Ovarian tumour or inflammatory thickening.

Luke 8.—R. W. T., æt. 18. Admitted 17th May, 1892, for lupus of nose, upper lip, right side of neck and hard palate. Patient has been under treatment for the last six years. He was in Guy's, under Mr. Davies-Colley, 2½ years ago, when the affected parts were scraped. About 12 months ago patient was again admitted. *Treatment*—Koch's tuberculin injected four or five times, but with little effect, then the parts were scraped with good result.

On admission on 17th inst. the upper lip and tip of nose were covered by scabs, around which there was a good deal of cicatricial tissue; ulceration of inner surface of upper lip; ulcerating granular surface on hard palate; cervical glands swollen. *Treatment.*—All the affected parts were scraped and acid nitrate of mercury was applied to the new surfaces. Dressing blue gauze.

Under Mr. Lucas.

Accident 29.—W. J., æt. 27, carman, admitted at 7 p.m. on May 7th. Driving unloaded waggon, fell from seat at 6 p.m., and wheel passed over upper part of chest, ? neck. Considerable dyspnœa and cyanosis; slight cut under chin, otherwise no external wound; accurate examination of chest impossible, but evidently several ribs broken on left side; rapidly increasing swelling of neck and face, and upper part of chest; it had already reached below nipples and seemed to be extending downwards; eyelids so inflated they could not be opened; usual crepitant feeling all over swollen parts, showing communication of cellular tissue with air passages, but uncertain whether injury of trachea or thyroid; tracheotomy and attempt to pass tube below injured part contemplated, but deferred; dyspnœa, cyanosis and emphysema increasing; needle of hypodermic syringe put into right breast, but seemed too small to relieve emphysema, so hydrocele and aspirating trocar used, one in each breast; air heard and felt rushing out of them; decrease of emphysema at once, and after these had been left in about one and a half hours patient was able to breathe quietly and comfortably, and cyanosis was diminished. Trocars then removed. Patient slept a little during night; slight hæmoptysis; next day able to open eyes, but area of emphysema increased, extending from face to webs of toes. Tent and steam kettle.

13th. Doing well; emphysema not felt below knees.

21st. Chest has been strapped and bandaged; there is now only slight emphysema of neck and upper part of chest. Trachea and thyroid apparently intact; symptoms due to fractured ribs only.

Lydia 16.—G. H., æt. 62, admitted May 9th. Horse took fright and ran into a wall; patient whilst walking along was knocked down; remembered nothing of accident; when admitted was able to walk into surgery; bewildered expression, speech rapid and incoherent; bleeding from nose and left ear; no facial or other paralysis.

11th. Paresis of left facial noticed, and slight catarrhal conjunctivitis of left eye.

14th. Well marked left facial paralysis.

16th. Speech still somewhat incoherent and contradictory; temperature 101°; some headache; no optic neuritis.

21st. Ear has been syringed daily with carbolic, 1 in 40, and then glycerine and iodoform injected and meatus plugged with blue wool; no headache; no discharge of cerebro-spinal fluid at any time; temperature 99·2°.

Job 22.—T.C., æt. 51, admitted May 10th at 12.30 p.m., pain since previous evening in right iliac fossa, but not intense, shooting occasionally into right testicle, but more diffuse at intervals; bowels open on 9th; vomiting five times between 7.30 a.m. and 1.30 p.m.; fæcal odour; had been wearing truss for double inguinal hernia, several months: he said neither hernia had come down during that time, and on examination no hernia was found anywhere. Right testicle retracted; abdominal muscles, especially on right side, very rigid, tenderness most marked in right lumbar and iliac region; skin normal; tongue furred. Temperature 101·4°. Vomiting ceased after 1.30 p.m.; hot fomentations, opium and belladonna pills. Constipation was complete for five days, but distension was comparatively slight and patient's general condition seemed, if anything, improving.

13th. Albumen and some pus and blood noticed for first time in urine to-day.

16th. Rectal tube passed and gas let out, giving considerable relief of pain and distension; still pus and blood in urine, though considerably less.

19th. Left parotitis developed; white patches about fauces; temperature has been for some days and still is about 100°; abdomen supple and free from pain, bowels open to-day spontaneously, though pill and enema had hitherto failed.

21st. Temperature has fallen gradually to normal, although there is much inflammation and œdema still about left parotid; tongue red and glazed.

RECENT PUBLICATIONS.

Boyce, R. A Text Book of Morbid Histology for Students and Practitioners. Royal 8vo. Lewis, 31/6.

Brunton, T. L. An Introduction to Modern Therapeutics. 8vo. Macmillan, 3/6.

Ewart, W. How to Feel the Pulse, and what to Feel in it. Crown 8vo. Bailliere, 3/6.

Hunter, Charles. A Manual of the Dental Laboratory. Crown 8vo. Bailliere, 5/-.

THE WOOLDRIDGE MEMORIAL.

A Committee Meeting was held on Monday last to finally determine the form this Memorial should take, and it was resolved to place a Bronze Tablet in the portico of the Anatomical buildings near those already erected to Dr. Fagge and Dr. Moxon. The details of the inscription were left to Dr. Pye-Smith, and designs were asked for from several artists and bronze workers.

Second Subscription List.	£	s.	d.
Mr. F. S. Pilkington	2	2	0
Mr. N. Davies-Colley	1	1	0
Dr. Shaw	1	1	0
Mr. J. H. Gibson	1	1	0
Mr. Henry Wooldridge	1	1	0
Mr. F. E. Beddard	1	1	0
Dr. Washbourn	1	1	0
Mr. Edward Fenny	1	1	0
Mr. W. A. Lane	1	1	0
Dr. Clifford Beale	1	1	0
Mr. C. Spurrell	1	1	0
Mr. Edward Pedley	1	1	0
Mr. E. L. Adeney	0	10	6
Mr. T. Montagu Day	0	10	6
Anonymous	0	3	0

A few more subscriptions to the fund are still needed, and may be sent to the Secretary, Mr. Mackeson, during the next fortnight, after which the Subscription List will be closed.

THE NEW SYLLABUS OF THE CONJOINT EXAMINATIONS.

The following regulations with regard to the mode of conducting the First and Second Conjoint Examinations have just been issued, and demand attention:—

FIRST EXAMINATION.

Part I.

Chemistry and Physics.—There shall be a Written Paper, for which three hours shall be allowed, and an Oral and Practical part which shall occupy not less than 30 minutes.

Part II.

Practical Pharmacy.—There shall be an Oral Examination with specimens, which shall occupy not less than 10 minutes.

Part III.

Elementary Biology.—There shall be an Oral Examination with specimens, which shall occupy not less than 15 minutes.

Part IV.

Elementary Anatomy.—There shall be an Oral Examination, which shall occupy not less than 10 minutes.

SECOND EXAMINATION.

Anatomy and Physiology.—There shall be a Written Paper in each subject, for which three hours shall be allowed, and an Oral and Practical Examination in each subject, which shall occupy not less than 15 minutes.

PASS LIST.

ROYAL COLLEGE OF SURGEONS.

Final Fellowship Examination.

Fawcett, J. — Jordan, H. M.
Hamilton, E. T. E. — Rake, A. T.

Primary Fellowship Examination.

Bryant, C. H. — Manning, G. E.
Eastes, G. L. — Mumford, W. G.
Every-Clayton, L. E. V. — Parry, L. A.

L. D. S. Examination.

Sewill, J. S., M.R.C.S., L.R.C.P.
Stoner, H. B.

LONDON UNIVERSITY.

Final M.B. Examination.—Pass List.

1st Division.

Holmes, T. — Lord, P.
Sheen, A. W.

2nd Division.

Girling, C. J. — Jewell, J. W. F.

MEDICAL PRAYER UNION.

GUY'S HOSPITAL BRANCH.

The speakers and meetings for the summer session have been arranged.

On May 12th an address was given by W. Blair Neatby, Esq., M.A.

On June 9th will be held the first of a series of meetings at which the needs and opportunities of the mission field will be brought before Guy's men. An address will be given by the Rev. B. Baring-Gould, Secretary of the Church Missionary Society. The chair will be taken by Dr. Stevenson. It is hoped that as many Guy's men as possible will be present, especially at this meeting.

The Rev. T. T. Waterman, B.A., Secretary of the Christian Evidence Society, will give an address on June 23rd. He will speak on the subject of "Physical Science and Divine Revelation."

The Annual General Meeting will be on July 7th.

On July 14th an address, "Prayer and Infidelity," will be given by Captain Orde-Browne. On the other Thursdays of this session, papers will be read and subjects for discussion proposed by students.

H. RICHARDSON, Hon. Sec.

Passim.

AFTER several alterations of date, the Hospital Sports have at last been definitely fixed for Thursday, June 2nd. They are to be held, as they were last year, at the London Athletic Club Grounds, Stamford Bridge, Fulham Road, and will commence at 2.30.

AT the time of writing, the entries, though still open, are nearly, if not quite equal to last year's, so that there is every prospect of the competitors being more numerous than at any former Hospital gathering. As regards the quality of the men, we cannot but think that the form shown next Thursday will be far in advance of anything that has been shown by Guy's for many years past, for the majority of last year's runners have shown considerable improvement in the interval, and there are one or two new members of known merit waiting for the 2nd to give us a test of their quality. Owing to the excellence of the back markers, long starts and fast times will be the order of the day, and we shall have not only an entertaining social gathering but also a genuine athletic meeting. The programme will be practically the same as last year, and, although a Stranger's half-mile Handicap has been substituted for the Invitation Race of previous years, the number and excellence of the starters show no falling off. The band of the M Division of Police will play selections during the afternoon. Messrs. Dunn and Fripp will act as judges, Mr. Purnell as referee, whilst Mrs. Shaw has kindly consented to distribute the prizes to the successful competitors. Programmes, 6d. each, may be purchased on the ground, or from the Committee before the sports.

INASMUCH as every member of the Clubs' Union is *ipso facto* a member of the Athletic Club, he is entitled to an admission ticket *free*. It is hoped that as many as possible, both of the Staff and Students, will avail themselves of this privilege, and will not only make a point of being present themselves, but will also bring any friends they can. A little more interest and enthusiasm even among non-competitors would make a wonderful difference in the success of the meeting; and for our own part we cannot help thinking that, were athletics only sufficiently encouraged, Guy's would be equally successful on the cinder path and on the cricket field. And yet a glance at the list of Champion Hospitals shews us that we have only held the shield five times since the U. H. A. C. sports were started in 1867, and have never had it in our possession since 1878. It is surely high time we began to mend our ways.

THERE can be no doubt that the second of the very pleasant Annual Residents' Dances was, if possible, a greater and more unqualified success than its predecessor. The Court Room was used for dancing, and by the kindness of Mrs. Lushington, the drawing rooms of the Treasurer's house were again thrown open to the company. There were some two hundred present, among them we noticed a large number of the Staff, to whose active co-operation much of the success of the dance was due. And though the room was once or twice a trifle overcrowded and rather warm, this did not seem in any way to detract from everybody's evident enjoyment. There was a very excellent band, the floor could not have been improved upon, and all the stewards worked very hard to ensure success, so that everybody got plenty of dancing.

IT was not only to the energy of the stewards that the success of the evening was due. The residents were indeed fortunate in securing an M.C., who not only understands the thing thoroughly, but whose very smile sets up an acute infective process all about him. Not

the least pleasant feature of the evening was that there were no polkas, so we were spared T—*—*—*—*—é.

Our correspondent has not an observant eye, so we hold over a description of the ladies' dresses to our next number, but what he lacks in eye he makes up in feet, and by this means he is able to inform us that ladies' dresses are worn longer this year, which probably accounted for one spill at least during the evening.—[Ed.]

We have every reason to be proud of the success which our men have had in the recent Fellowship Examinations. In the first, six men passed out of ten; in the second, four went up, and all four were elected.

There was a curious scene in the Park a few days ago when a number of energetic and may be impecunious dressers espied a strange bird of gaudy plumage wandering about. They gave chase and caught it, but alas! it was not the oof bird after all.

It turned out to be a red backed shrike with a broken wing, and though he was taken in at once and put in "a double Bryant's," he died the same evening in Job Ward, and his effigy remains upon the black board in the Theatre, his elegy in last week's *Field*.

We have received a batch of grumbles this week. Grumbler No. 1 wants to know why there can't be some variety in the materials he has for tea; he also complains of the quality of the cake and the "stuff" called tea. Grumbler No. 2 draws attention to the "pea soup called coffee," in the Club. Grumbler No. 3 points to the shocking condition of the new Fives Courts. Grumbler No. 4 complains of smoking in the "Wax Works" Museum, and says it is simply scandalous.

We commend Nos. 1, 2, and 3, to the attention of the authorities. We believe there is a good deal in what they say, still more in the "nasty way they say it." No. 4 deserves backing up very publicly, for he complains of an abuse which it is the duty of all Guy's men to resent, and in their power to put down.

We can ourselves bear witness that this pernicious practice is indulged in. Though we fully allow that no man can reasonably be expected to dissect, or debate, or read, or sing, or dress in the surgery after dinner without the aid of tobacco. Still, we would point out that if the rising generation could bring themselves to look at a wax model without a cigarette between their teeth, it would be a self-sacrifice which would be appreciated by the Hospital authorities and might be of advantage to themselves.

Somehow or other men never seem to appreciate the full value of the wax models. Of course there is nothing like being familiar with your subject, and perhaps that same familiarity which prompts us to mend the cases with brown paper, prompts the junior student to blow tobacco smoke and cast about matches over what is probably the most valuable collection of wax models—both artistically and anatomically—in the world.

We are glad to see that the Tennis Club is "going strong." There have been some 50 entries for the tournament, and among the names we notice those of many promising players, and some that are already well-known to a larger public than our own. The Club has the best of skippers in Mr. W. H. Fisher, and if he is reasonably well supported, there is no reason why we should not acquire the same vested interest in the tennis as we have already in the cricket cup.

We are glad to see that the race of surgical clerks is as ubiquitous and irrepressible as ever. When the demonstrator was pointing out the

difference between ante-mortem and post-mortem clot in the P.M. room the other day, he was suddenly interrupted by a voice: "I beg your pardon, did you want the Ante-mortem Clerk? If so, here I am."

There is no doubt that Mr. Thomas Landon makes a very soft-hearted examiner. At the recent examination in ambulance work, at the Bermondsey Institute, he passed four out of five candidates, and tried hard to pass the fifth, but she would persist in the statement that there were "15 ribs a side." And a gentle remonstrance reduced the total to "seven altogether."

The next examination will be held in the boudoir, weather permitting, in November next. One of the answers is worth preserving. "If you found a man insensible in the road, what is the last thing you would think of doing?"—Answer: "Take 'im 'ome."

The case for commentary recently set at the University of Southwark is one of singular interest. We are negotiating with a member of the Staff, and hope to be able to insert an abstract of an answer to it in our next issue.

Mr. F. E. Beddard has recently been elected a Fellow of the Royal Society, and more recently still, has brought out an interesting and well got up book on the Colouration of Animals.

By a recent alteration in the rules of the Club it will be possible in future for members who pay a deposit of £1 1s. to have two books out of the library at the same time. Those who deposit half-a-guinea will still, as before, be entitled to have one book out.

An old Guy's man in China sends us the following account of the Chinese system of diagnosis, which is implicitly believed in by the lower orders in China.

1st Proposition.—All disease is diagnosed by the pulse.

2nd.—There are three places where the pulse can be distinguished:

(*a*) At the root of the thumb, called the Inch.

(*b*) Opposite the wrist, called the Bar.

(*c*) Above the wrist to the elbow, called the Foot.

3rd.—The Inch, the Bar, and the Foot are connected with the Viscera thus—

Left Inch	= Heart,	whose element is	Fire.
Left Bar	= Liver	"	Wood.
Left Foot	= Kidneys	"	Water.
Right Inch	= Lungs	"	Metal.
Right Bar	= Stomach	"	Earth.
Right Foot	= Kidneys	"	Water.

4th.—By practice you can distinguish twenty-four kinds of pulse, viz.:—

1	A floating pulse.	10	A failing pulse.
2	A deep "	11	A rapid "
3	A slow "	12	A moderate "
4	A quick "	13	A large "
5	A slippery "	14	A small "
6	A rough "	15	A long "
7	A substantial "	16	A short "
8	An empty "	17	A sudden "
9	A vibrating "	18	A throbbing "

19 A hard pulse.

And five others for which our friend cannot find English equivalents.

5th.—Now according as one of the above pulses falls in the Inch, Bar or Foot, or in one combined with the others, such is the diagnosis, and the case must be treated with approximate preparations of the elements.

Thus a deep pulse in the

Right and left Inch = shortness of breath, pain in the thorax and pleura; hæmoptysis.

Right and left Bar = cold, pain, relish for sour things and contracted sinews.

Right and left Foot = pain in the back, loins, and knees, itching in the groin and diarrhœa.

And so on through about 70 combinations.

A Chinaman never tells you his symptoms, but leaves you to find out everything. It is clear that on this system your skill is exactly proportioned to your ability to tell falsehoods.

WE shall be glad to hear the result of the efforts now being made by junior men for starting a branch of the Physical Society for the discussion of general subjects.

WE hear that the memorial to the late Dr. Wooldridge is to take the form of a bronze tablet, to be located near those to Dr. Moxon and Dr. Fagge. May we suggest that it would be much better if a profile portrait in bronze be placed in the middle of the tablet instead of a simple inscription surrounded by examples of the decorator's art?

NO notice has been taken of our warning as to the disastrous effects of the noise made when the coal boxes are filled in the wards. Surely something ought to be done in the matter.

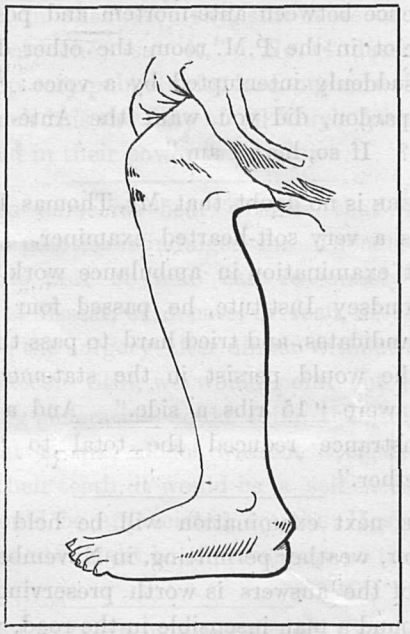
A NEW form of hat has lately originated at Guy's. It is a modification of the squash and hard felt hats. The idea seems to be to dimple a brown billycock in the middle, and so produce a hybrid of somewhat questionable appearance, with an antero-posterior ditch for the rain water to collect in.

Correspondence.

To the Editor of GUY'S HOSPITAL GAZETTE.

CASES OF FRACTURE OF THE OS CALCIS BY INDIRECT VIOLENCE.

DEAR SIR,—In the GUY'S GAZETTE for May 14th, under "Our Note Book," it is stated "the os calcis is *always* fractured by direct violence." The case here recorded was due to indirect violence, and is an indubitable example of a very rare accident. On April 22nd, 1891, A. C., æt. 69, was standing upon a pair of steps which were closed and leaning against a shelf. The steps suddenly slipped down, and the patient fell full length forwards, her left foot being firmly fixed in the fallen steps. A distinct crack was heard, and the deformity was at once apparent on removing her boot. When seen by me the next day the whole foot was extremely painful, swollen and echymosed. The portion of the os calcis receiving the insertion of the tendo Achillis was fractured transversely and drawn upwards, the overlying skin being very tense, red, and shining. A superficial slough, the size of a shilling, formed on the



most projecting point of the displaced bone, and the resulting sore did not heal for three months. Lead lotion was applied to the heel, and the foot was kept extended for six weeks by a moulded poro-plastic splint. At the end of three months she could bear some weight on the foot, and in September she was able to walk a mile; at the present time "she is able to perform her domestic duties just as she used to." No great pressure, however, can be borne at the back of the heel as the skin here is tightly stretched, but a softly padded, specially made boot obviates this inconvenience. The case was attended throughout by Dr. Webster, with whom I saw it on several occasions, and who kindly permits me to publish these notes. Dr. Kirkwood was good enough to see the patient three or four days after the accident and confirmed our diagnosis. The accompanying photograph was taken in January.—Yours faithfully,

Stamford. J. CRISP.

DEAR SIR,—Exception proves the rule, and I should like to quote an exception to the statement in the last number of the GAZETTE, "That fracture of the os calcis is always direct."

A woman, aged 40, came to my out-patients at the N. Staff. Infirmary with a swelling of heel of three weeks' duration, giving a history of fall down stairs, with sudden effort to save herself, followed by swelling and pain at back of heel. She rested it, but when swelling had gone down perceived the lump, which proved to be the upper and posterior part of the os calcis with the tendo Achillis attached which had been torn away from the rest of bone by muscular action and was now joined to the rest of the bone at an angle.—Yours faithfully,

WHEELTON HIND.

THE PROPOSED DEBATING SOCIETY.

DEAR SIR,—As it has been laid before Mr. Fripp that there is a pretty general desire—at any rate among junior men—to institute a Debating Society, he has very kindly consented to take the chair at a meeting to be held on Friday, June 3rd, at 1.30 p.m., in the Chemical Theatre.

Might I ask you to give this notice in the GAZETTE, and to call whatever notice to it you may think necessary or advisable?

You have commented favourably on the scheme in a late issue, and I feel sure that a few words from you would carry a great deal of weight in getting men to turn up.—I am, yours truly,

WALTER C. C. PAKES.

EXAMINATION PAPERS.

The following case for commentary was set at the recent examination in University of Southwark:—

A child, aged 3½ years, was brought to the Hospital late one evening by his sister, from whom the following history was spasmodically elicited. "Please, sir, mother says will you see what's the matter with Halbert. Please, sir, 'e's three and a 'arf last burfday, come next Jannywerry. Please, sir, mother says as 'ow I was to tell you 'e cut all 'is teeth across 'is loins bootifully. Oh yes, sir, 'e 'ad the frush, and it run right thro' 'im lovely, right down to his knees. Mother says he sweats orful, and 'is little 'ead is like a ball of fire, and gives 'im shockin' pain, sir. 'Is eye, doctor, that's where 'e 'ad the blight an' they took it out; that's a glass heye 'e's got now, sir, but 'e can't see nuffin through it, so my mother's brother 'e says 'e can't see wat's it for. Of course 'is little stummick, doctor, that swells 'orrid, so as we can't get 'is little clothes round 'im no 'ow, but 'e do love a bit of Dutch, 'e do. Please, sir, mother says as 'ow I was to tell you as 'is little brother wat's dead 'e 'ad water on 'is 'ead and consumptive bowels; everything run right through 'im, before 'e 'ad taken it, just like scaldin' water. Red 'air, sir! Yes, sir, e's the only carrots out of seven of us, sir, 'e is. Oh, yes, please sir, 'e do pick 'is nose hawful, but we never ain't seen no wums, sir. Them spots, oh, no doctor, that's where 'e scratches 'isself; I reckon they do hitch awful, I 'ad it myself, I did; and 'is little brother, wat sleeps with 'im, 'e's fit to tear 'isself to pieces, 'e is. Please sir, mother says as 'ow she couldn't come herself 'cause, of course, she's just been confined, and some of you doctors from 'ere, I don't know which it's one of yer 'ere, but mother said as praps it might be, 'as been attendin' of 'er. And mother says would you write down the name as wat's the matter with 'im so's she can treat it 'erself, 'cause she says she knows the best way."

On Examination.—The patient was found to be a strong, well grown, muscular boy. With the aid of one nurse, two dressers, and five clerks an attempt was made to examine the chest, but the loud inspiratory and expiratory screams and yells precluded the discernment of any abnormal signs, if present. Optic discs not seen satisfactorily. Condition of skin uncertain on account of thick layer of superincumbent gray and black material. During the examination the bladder was freely emptied without let or hindrance, the urine being collected—by the floor and the patient's clothes, so that it could not be further examined. The lucid remarks of the sister, together with the incompletely articulated phonation of the patient, gave rise to such acute headache that further enquiries were suspended.

Discuss the prognosis and diagnosis afforded by the symptoms, and give the lines on which you would proceed to further examination, if necessary. What treatment (operative and therapeutical) would you advise, being careful to show how the mother's consent to such treatment might be obtained; what other relatives or friends would it be necessary to consult?

Of the cases for clinical examination the following are the most interesting.

1. Intelligent patient who had studied his affection in all the works written on the subject. He expatiated clearly in an undertone in a quiet corner concerning his condition, with regard to diagnosis, prognosis (exhaustively), and treatment.

2. Very muscular deaf and dumb man in prime of life (chest to be examined), could not be made to understand he was to strip; all attempts to do so caused him to square up with closed fists.

3. Baby a week old (to be thoroughly examined all over). Owing to the abundance and length of the garments, and the efficacy of the methods of fixation thereof, the infant was not got "in nubibus" until time was up.

OPPIDANI AMBO.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

DIPLOMA OF FELLOW.—SECOND EXAMINATION.

Pathology, Therapeutics, and Surgery.—1. Under what circumstances may the symptoms persist after the reduction, or apparent reduction, by the taxis of a strangulated inguinal hernia? Give the diagnosis and treatment of each condition. 2. Describe a case of rabies in man (hydrophobia), and state the treatment you would adopt. Upon what grounds is Pasteur's treatment based? How is it carried out, and what are the results claimed for it? 3. Under what circumstances would you deem it advisable to remove the eyeball? Give the details of the operation you would perform. 4. Enumerate the causes which may give rise to paralysis of the facial nerve. Point out the diagnostic features of each.

EXAMINATION FOR DIPLOMA IN DENTAL SURGERY.

ANATOMY AND PHYSIOLOGY AND SURGERY.

Anatomy and Physiology.—1. Give the course of the blood from its entrance into the right side of the heart to the aorta; explain the action of the valves of the

heart. 2. Give the origin and insertion of the two pterygoid muscles, with their nerve-supply.

Surgery and Pathology.—3. Describe the pathology of an alveolar abscess; give its symptoms and treatment. 4. Give the causes and treatment of hæmorrhage from the gums and jaws.

DENTAL ANATOMY AND PHYSIOLOGY AND DENTAL SURGERY.

Dental Anatomy and Physiology.—1. Mention briefly the general characters of the dentition of fishes. As examples, describe the teeth of pristis and of the pike. 2. Describe the alveolo-dental membrane. Whence does it originate, and what purposes does it serve during the growth and after the completion of the tooth? 3. Describe closely the articulation of the upper with the lower teeth in man. What are the ordinary and extreme movements of the lower jaw, and how does the temporo-maxillary articulation provide for them?

Dental Surgery and Pathology.—1. Why should you hesitate to relieve crowding of the incisors in a child by extraction of temporary canines, (*a*) in the upper, (*b*) in the lower jaw? Under what circumstances would you recommend it? 2. What is dental exostosis? When would you suspect it, and how may it be diagnosed? What are the microscopic characters of the tissue? 3. Write prescriptions for (*i.*) a tooth powder; (*ii.*) a wash for use in a much wounded mouth; (*iii.*) anodyne applications to relieve pain after tooth extraction; (*iv.*) use in ulcerative stomatitis.

VIVA VOCE AT PRIMARY FELLOWSHIP EXAMINATION.

PHYSIOLOGY.

1. Section through hair bulbs. How stained? Microscopic differences between (*a*) human hair and cat's hair, (*b*) European and Malayan.

2. Section of small lingual gland. What is known of secretion of mucus; mucigen? Experiments on submaxillary gland.

Draw the following curves—Tetanus, fatigue, involuntary muscle, veratrin (slight discussion on the latter.)

Diets (*a*) for very hard and prolonged work, (*b*) for rapid work lasting only short time, (*c*) for light continuous work.

Fate of peptones. Discussed the question as to where converted into proteid. Further fate of peptones—leucin and tyrosin—are these absorbed? If so by what path, and what becomes of them? From these led on to consideration of bacterial products in intestine.

Tests for sugar. Precautions necessary with Fehling's solution. Other reducing agents in urine. What other solutions would you use instead of Fehling's?

Chromatic aberration. Explanation of. How corrected in eye?

Spherical aberration.

ANATOMY.

Pickles (1) Side of face. Facial vein. How recognised? Branches of facial nerve. Depth of external auditory meatus in child and adult? Reasons for length of chorda tympani nerve. What parts of ear had same size in infant and adult? Development of malleus and incus.

Nerve supply to skin over ear. Deep temporal nerves.

Arterial supply to nose. Nasopalatine canal. Hare lip and cleft palate; homologies.

(2). Œsophagus (bottled).

(3). Bladder, urethra, and penis laid open with bristles in ducts. Prostate. Structure of. Reaction of secretion, acid. What effect would that have on liquid constituents of semen and on spermatozoa? Effect on prostate of removal of testes. Morphology of prostate.

(4). Testis. Hydatid of Morgagni. What was it remains of? What other remains are there of same structure? Has man normally an organ of Giraldés?

Dissection of back of forearm. Name muscles and nerves; cutaneous supply to back of hand; extent of radial nerve supply; also supply to back of forearm and inner side of arm.

Dissection of buttock. Recognise nerves.

Sphenoid bone. Development. Homologus of internal pterygoid plate. What passed through some of canals in sphenoid. Skull. Position and names of Wormian bones. Which was most constant and which was largest?

Sport.

CRICKET.

GUY'S FIRST XI. v. STREATHAM.

This match was played at Streatham on Saturday, May 14th, and won by the home team—a result which was partly due to Guy's bad fielding, several easy catches being dropped. Brann played a fine innings of 60, not out, only marred by a chance when he had made 12.

STREATHAM.

A. C. Broadbent, b Joyce	12
F. J. Dixon, b. Joyce	30
E. H. Leaf, c Fitzhugh, b Bettington	8
G. Brann, not out	60
W. R. Higson, c Reid, b Bettington	8
J. B. G. Lester, b Joyce	2
F. W. Leaf, b Bettington	6
H. M. Leaf, b Bettington	0
R. de Montmorency, b Bettington	16
W. M. Yates, b Joyce	10
E. C. Bainbridge, c Bettington, b Joyce	5
Extras	24
	181

Runs at the fall of each wicket:—1, 25; 2, 58; 3, 64; 4, 84; 5, 91; 6, 102; 7, 102; 8, 139; 9, 168; 10, 181.

GUY'S.—First Innings.

E. Reid, b Dixon	13
E. T. Shorland, c Higson, b Dixon	10
C. J. Francis, b Lester	0
W. I. Hancock, c Montmorency, b Lester	4
J. H. Bettington, b Dixon	4
J. H. Joyce, b Dixon	17
H. T. Hicks, b Dixon	9
S. G. Layman, b Dixon	4
M. P. Jones, c Leaf, b Lester	14
J. Pike, not out	0
P. R. Fitzhugh, b Dixon	2
Extras	23
	100

Runs at the fall of each wicket:—1, 20; 2, 21; 3, 25; 4, 37; 5, 41; 6, 55; 7, 63; 8, 90; 9, 94.

GUY'S.—Second Innings.

E. Reid, not out	5
N. H. Pike, b Broadbent	15
C. J. Francis, b Brann	8
Extras	3
	31

BOWLING ANALYSIS.

STREATHAM.

	Overs.	Mdns.	Runs.	Wickets.
Bettington ...	28	5	86	5
Joyce	29	9	68	5
Hancock ...	1	0	3	0

Bettington bowled 5 no balls.

GUY'S.—First Innings.

Dixon ...	...	17	6	44	7
Lester...	...	17	7	33	3

GUY'S FIRST XI. v. CRYSTAL PALACE.

On Thursday, May 19th, this match took place on the fine ground at the Crystal Palace, ending in a victory for the home club by 11 runs. For the winners, Bicknell with 27, Dives with 20 and Fleming with 61 shewed best form, the latter playing a dashing but somewhat lucky innings.

For Guy's, Stamford was top scorer with a nicely played 30. Colclough contributed a pretty 28 and Francis a steady 26. Of the rest, Hancock by steady play and Jones by hitting tried to win the match for Guy's, who had a decided disadvantage with the bad light towards the end.

CRYSTAL PALACE.

G. E. Bicknell, b Francis	27
F. H. Nelson, b Bettington	0
J. Dives, c Stamford, b Bettington	20
C. J. M. Fox, b Bettington	2
S. Coleman, c Fitzhugh, b Bettington	15
J. Aste, b Francis	15
Capt. Fleming, b Hancock	61
H. Baker, c Jones, b Francis	2
R. R. Stevens, c Jones, b Bettington	9
G. H. Lulham, not out	4
F. N. Jansen, absent	0
Extras	22
	177

Runs at the fall of each wicket:—1, 0; 2, 40; 3, 55; 4, 77; 5, 95; 6, 105; 7, 112; 8, 128; 9, 177.

GUY'S.

E. Reid c Lulham, b J. Aste	0
J. H. Bettington, b Stevens	6
F. Cloclough, c Baker, b Lulham	28
C. J. Francis, c Bicknell, b Fox	26
H. Hicks, s Baker, b Bicknell	10
R. B. Stamford, b Lulham	30
W. I. Hancock, c Baker, b Lulham	16
M. P. Jones, c Bicknell, b Fox	16
N. H. Pike, c Bicknell, b Lulham	0
C. R. Lucas, c Fox, b J. Aste	10
P. R. Fitzhugh, not out	0
Extras	26
	166

Runs at fall of each wicket:—1, 0; 2, 19; 3, 55; 4, 70; 5, 90; 6, 136; 7, 140; 8, 166; 9, 166.

BOWLING ANALYSIS.

CRYSTAL PALACE.—(First innings)

	Overs.	Mdns.	Runs.	Wickets.
G. Bettington	28	4	68	5
W. I. Hancock	12	3	24	1
Francis ...	16	2	53	3
Reid	1	0	9	0

GUY'S v. COOPER'S HILL, R. I. E. C.

Played on Saturday, May 2nd, on the ground of the latter and won by Guy's by 176 on the first innings. For the victors, who batted consistently at first, Reid, Bettington, Shorland, and Hicks showed excellent form, but their efforts were entirely capped by Francis' splendid innings of 101, not out, compiled by steady cricket and well-timed cuts. For R. I. E. C., Cox, with 22, not out, was the only one who could withstand the deliveries of Bettington and Joyce, the latter getting 6 wickets at a small cost.

GUY'S.

E. Reid, c Ettinger, b Stirling	29
J. H. Bettington, b Milward	26
H. T. Hicks, c and b Stirling	25
C. J. Francis, not out	101
E. T. Shorland, c Flint, b Blaber	36
R. B. Stamford, b Allcroft	14
J. H. Joyce, c Stirling, b Flint	3
M. P. Jones, c Latham, b Flint	0
S. G. Layman, not out	0
H. C. Sharp, *did not bat*	
G. K. Levick, did not bat	
Extras	23
	257

Runs at the fall of each wicket:—1, 56; 2, 83; 3, 90; 4, 161; 5, 239; 6, 245; 7, 254.

R. I. E. C.

Riddell, c Reid, b Bettington	2
Blaber, c Stamford, b Bettington	6
Allcroft, c Reid, b Bettington	7
Ettinger, b Joyce	7
Stirling, c Reid, b Bettington	7
Cox, not out	22
Smith, b Joyce	2
Flint, b Joyce	7
Milward, c and b Joyce	2

Latham, b Joyce	12
Morris, c Reid, b Joyce	0
Extras	7
	81

Runs at the fall of each wicket:—1, 3; 2, 15; 3, 25; 4, 29; 5, 37; 6, 42; 7, 58; 8, 64; 9, 81.

Bowling Analysis.

	Overs.	Maidens.	Runs.	Wickets.
Bettington ...	21	9	27	4
Joyce ...	22	8	42	6
Francis ...	1	0	5	0

ATHLETIC NOTES.

At the Second Spring Meeting of the L. A. C., on Saturday, May 21st, Guy's did well. H. T. S. Bell secured the 150 yards Handicap from the seven yards mark in 15⅘ seconds. He ran with excellent judgment, and won cleverly by a foot. H. A. Munro scored a very popular win in the 1½ miles Handicap. With thirty yards start from W. J. Fowler at scratch, he ran through his men in rare form, and won in the very good time of 6 minutes 58 seconds. H. W. Dudgeon ran well in the 440 yards Handicap for three parts of the distance, but was not quite trained enough to finish strongly, and failed to secure a place in his heat.

On the previous Saturday, May 14th, at a meeting of the Clapham Rovers, Allport, running with his usual pluck, secured a half-mile race and finished second in a mile.

UNITED HOSPITALS ATHLETIC CLUB.

The following fixtures have been made for this season:—

June 2nd.	Guy's Hospital Sports	(Open ½ mile)	L.A.C. Ground.
„ 7th.	Bart.'s	(Open mile race)	„
„ 8th.	Charing Cross	(Open ½ mile)	„
„ 9th.	St. Thomas's	(Open ¼ mile)	„
„ 9th.	Middlesex	(Open 220 yards)	Putney Athletic Grounds.
„ 10th.	Westminster	(Open 300 yards)	L.A.C. Grounds.
„ 13th.	St. George's	(Open race not determined)	L.A.C. Grounds.
„ 18th.	U.H.A.C. Sports		„

The dates of the other Hospitals' Sports and of the Match v. Edinburgh University (to be held this year at London) have not yet been fixed.

Entries for the open events may be made to the Hospital Secretaries, or to

H. A. Munro, Guy's Hospital, Hon. Sec. U.H.A.C.

GUY'S HOSPITAL SWIMMING CLUB.

On Thursday, the 19th, a most successful general meeting of those interested in the formation of the above Club was held in the Long Room, under the presidency of Mr. Fripp. It was unanimously agreed that a Swimming Club should be started, and a provisional Committee, consisting of A. D. Fripp, Esq. (President) and Messrs. Scott, Brereton, Spon, Cooper, Allport, and Collins (Hon. Sec.), was elected to carry out the necessary arrangements. It was decided that the Club could not for the present be included in the Union, and a subscription of 2s. 6d. fixed upon to meet expenses. Any of the Committee will be glad to receive subscriptions at once, and it is hoped that all interested in swimming and water polo will join immediately.

Birth.

GROSVENOR.—On May 9th the wife of A. Augustus Grosvenor, B.A., M.R.C.S., of a daughter.

Marriage.

ROBERTS—SCOTT.—May 17th, at All Saints', Eastbourne, by the Rev. R. Salisbury Woodward, vicar, assisted by the Rev. T. N. Wannop, canon of Edinburgh, and the Rev. A. E. Barnes Lawrence, vicar of St. Michael's, Blackheath, Charles Gordon Roberts, M.A., M.B. Cantab., youngest son of Bransby Roberts, of Eastbourne, M.D., to Janet Bogle (Nettie), eldest daughter of the late James G. T. Scott, C.E., and Mrs. Scott, of Truro House, Burlington-place, Eastbourne.

Death.

NUNN.—On May 10th, at his residence, The Mount, Higher Broughton, Manchester, Dr. Nunn, late of Lyndhurst, Hants, aged 47.

Advertisements.

The Grove, Jersey.

Proprietor, F. Neel Gaudin, M.P.C., M.R.C.S., L.S.A.

A HOME for the Treatment of Nervous and Mental Diseases, both sexes. Handsome Mansion in Park of 11 acres, besides gardens and farm land. Healthily situated on high ground, with extensive sea views. Associated and single rooms, and self-contained suites of two, three or four rooms. Sea bathing (hot and cold). Usual amusements and occupations.—For terms and particulars, &c., apply to Charles Caldecott, M.B., B.S.Lond. (Guy's), Resident Medical Superintendent.

RESIDENT PATIENTS.—Margate.—M.D.Lond., F.R.C.S. Eng., (married), residing in a commodious house facing the sea, in best position, with tennis lawn in front, has accommodation for one or two of the above. Drainage guaranteed perfect. Terms moderate, according to requirements.—Address, Dr. Crook, Dalby Square, Margate.

RESIDENT PATIENTS.—A Married Medical Man, living at a healthy watering-place on the East Coast, is anxious to meet with a Resident Patient. Capital grounds, with tennis court and billiard room. Subsoil sandy. Drainage perfect. Highest references. Terms according to requirements. Suite of rooms if required.—Apply, Dr. Roberts, The Beeches, Lowestoft.

Notice.

All Communications, Articles, Letters, Notices, and Books for Review, should be forwarded, accompanied with the name of the sender, to the Editor, GUY'S HOSPITAL GAZETTE, *Guy's Hospital, S.E.*

The annual subscription to the GAZETTE *is 6/6, post free 7/6. All financial communications, as well as subscriptions, should be sent to the Financial Editor,* Mr. C. H. WELLS, MEDICAL OFFICE, GUY'S HOSPITAL.

Any of our Subscribers, who may be desirous of having their numbers of the GAZETTE *for 1891 bound, should leave them with the Librarian as soon as possible.*

The charge for binding in blue, with the Arms of the Hospital in gold, will be ONE SHILLING *and* SIXPENCE.

Guy's Hospital Gazette,

JUNE 11, 1892.

NOTES OF A CLINICAL LECTURE ON PSEUDO-HYPERTROPHIC MUSCULAR PARALYSIS, BY DR. NEWTON PITT.

The case taken as the subject of this lecture was that of a young woman aged 21. There was no history of paralysis in her family. As a child she was active and intelligent. At the age of eight she had a long and serious illness, which was called "low fever." When she was twelve years old, it was noticed for the first time that she did not care to run about. At fifteen the scapulæ became prominent, the shoulders fell forwards, and the weakness of the legs increased to such an extent that she could not mount even the lowest step. During the last five years the disease has steadily progressed.

Present condition.—The patient is not ill-nourished or undergrown. Although not able to go out without a bath-chair, she manages to get about the house. She can still do needle-work.

Her position on standing is peculiar. The feet are separated. In spite of great prominence of the gluteal region, lordosis of the lumbar spine is so marked that the shoulders project even further backwards. A vertical line drawn from the shoulders falls clear of the buttocks. The head tends to fall forwards. The scapulæ stand out like budding wings.

The gait is reeling, laborious and uncertain. Her difficulty is increased by the fact that she walks on the outer side of the left foot, and points it inwards. This position is voluntary; she can flatten out the foot, but so doing seems to render it useless. She supports her weight mostly on the right foot. She sometimes has a heavy fall. She sits down suddenly and with a considerable jar.

When told to rise from a sitting posture, the patient placed her hands just above the knees and attempted to straighten the knees, and push her trunk up with the aid of her hands. She failed, declaring herself too weak to get up without a support; it was evident, however, that she had at one time been used to "climbing up her own thighs." With the help of a table she was more successful. After pushing back her chair for a yard or so she rested her hands on the table, and, whilst swinging the body forwards, straightened the knees; in the position thus attained the trunk was at right angles to the legs and supported by the bent arms on the table. Slowly and with great effort she pushed her chest up by her arms, and hyper-extending the lumbar spine, reached the standing position.

The Legs.—The greatest measurement round the calf is 13⅜in. on the right side, and 12½in. on the left. The measurement in the middle of the thigh is 14¼in. on each side. The muscles of the calf are moderately firm, but not those of the thigh. The left foot is in a position of equino-varus; the right has a tendency to the same. Movement of the toes and feet is slight. All the muscles of the lower extremities are weak. Knee-jerks, plantar reflexes and ankle clonus are absent.

The Arms.—The greatest measurement round the forearm is 9¾in. on each side. The measurement midway up the arm is 7⅞in. on the right side, and 8¼in. on the left. She is left-handed.

The muscles of forearm and hand seem normal. The grasp is 40lbs. for the right hand and 57lbs. for the left. The muscles of the arm are very wasted. In consequence of the falling forwards of the shoulders and the tilting of the scapulæ, the prominence caused by the deltoid comes further down arm than normally, and might easily be mistaken for that of the biceps. (See photograph B).

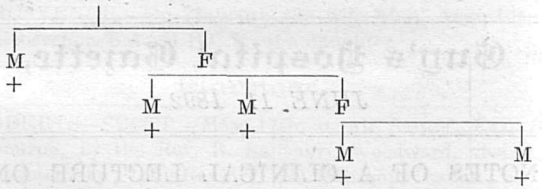
The speech is a little slovenly. The face is expressionless. Writing good.

The affected muscles react but slightly, to galvanism. There is no R.D.

TABLE SHOWING CONDITION OF MUSCLES.

APPARENTLY NORMAL	LARGE & WEAK	SMALL & WEAK	WEAK
Muscles of forearm	Infraspinatus (not markedly weak)	Serratus magnus	Trapezius
„ hand	Glutei	Latissimus dorsi	Sterno-mastoid
Deltoid	Gastro-cnemius	Teres major	Rectus abdominis
Pectoralis major (upper part)	Soleus	Pectoralis major (lower part)	Diaphragm
	Flexors of foot	Triceps	Muscles of expression
Muscles of the eye	Peronei	Biceps	
„ tongue	Erector spinæ	Brachialis anticus	
		Extensor quadriceps, adductors of thighs	

The lack of expression is not marked, and with this exception the case is a typical one of P-H.P. Duchenne first described this form of paralysis in 1868; but little of importance has been added since to his description, which consisted of a discussion of twenty-eight cases. It is commoner in boys than in girls in proportion of about 1 to 4. In girls it often runs a less rapid course than in boys. Usually, symptoms just appear about the time when the child ought to be learning to walk. It is found that 60 per cent. of the cases begin before the age of five, and 20 per cent. after the age of ten. There is a decided tendency for the disease to run in families. This has suggested the theory that the disease is due to some developmental error. Usually the boys only of a family are affected; more rarely the girls only. In several cases females have been shown to transmit the disease to their male offspring only, without themselves being affected. The accompanying family tree gives a striking example. Every male was affected (+) with the disease.



A case has been recorded in which the two sons of a woman by different husbands have developed the disease. This often appears during convalescence from a severe illness. The disease consists in a progressive weakness, which affects in turn the greater number of the muscles of the lower extremities, and then the shoulder and arm muscles, while those of the forearm, hand and face usually escape.

Some of the muscles are enlarged and hard, others are atrophied; the enlargement, which is due to a growth of fibrous tissue and fat, does not appear to be an essential change, and gradually passes into one of atrophy. The calf muscles, the infraspinatus and part of the quadriceps are the ones which most commonly enlarge. The increased size of the legs has probably been exaggerated, and the measurements rarely exceed those of a robust child of the same age; but many muscles are far below normal measurement.

Mr. Pantin, to whom I am indebted for the notes of the case, has collated for me the fourteen cases which have been in the Hospital since 1880. The circumference of the largest calf, which was found in a patient under the age of ten, was $10\frac{3}{4}$ inches; between ten and

Illustrations to Dr. PITT'S Clinical Lecture on Pseudo-hypertrophic Muscular Paralysis, from Photographs taken by Mr. H. E. DURHAM.

A.

To illustrate position assumed by the patient when attempting to rise from a chair. She has placed a second chair at some distance, and by leaning on her hands with her arms extended, is able to straighten her knees; afterwards pushing her hands up her thighs, she will be able to extend her hips.

B.

This shows the rotation of the scapula due to the paralysis of the serratus magnus and the trapezius, and also to the unopposed weight of the limb and the action of the levator anguli scapulæ, so that the external border has become the inferior.

fifteen, 14 inches, and in another case $12\frac{3}{4}$; between fifteen and twenty-five, $13\frac{3}{4}$. The only calves which were excessive for the age were those of a girl, æt. 14, measuring 14 inches.

The most prominent symptoms of the disease are :—

1. Weakness of the extensors of the hips and knees.

2. Lordosis of the lumbar spine, which is a sequence of the weakness of the hip extensors, so that the erect posture may be maintained; this lordosis disappears when the patient is sitting up.

3. Wide separation of the feet, when standing or walking.

4. A waddling gait, the body swaying from side to side, so as to bring the centre of gravity above each foot alternately.

5. Extreme difficulty in ascending stairs, or in rising from the ground. This is largely due to the weakness of the extensor quadriceps. The curious phenomenon of "climbing up one's own thighs" is witnessed also in paralysis of the extensors of the thigh from infantile paralysis or any other cause.

6. Early and marked atrophy of the lower half of the pectoralis major and of the latissimus dorsi.

7. The absence of any affections of sensation, of fibrillar twitchings, or of any bladder trouble.

TREATMENT.—Many drugs have been tried, but they have little influence on the progress of the disease. Massage and passive movements are beneficial. The knees, ankles and elbows tend to become flexed from the contractions of the muscles; tenotomy when it makes a limb more useful should be performed. The day when the patient takes to his bed should be deferred as long as possible, as the muscles rapidly become worse with non-use.

EXIT.—The patients for the most part die from some respiratory trouble, generally before the age of twenty.

PATHOLOGY.—No constant changes have been found in the cord, but in two cases reported by Dr. Bramwell and by Dr. Drummond, the shape of the grey matter was abnormal; irregular masses projected into the white matter of the lateral columns; this would interfere with the commisural fibres which connect adjacent portions of the grey matter. Such a lesion is quite in accordance with the view that the disease is due to some developmental error. The muscular fibres are greatly reduced in number in the affected muscles, and are separated from one another by an extensive growth of fibrous tissue and fat, which latter is only plentiful in the hypertrophied masses. The muscular fibres which persist are either faintly striated or unchanged, but they do not undergo fatty degeneration.

In future observations, attention should be directed to the sensory nerve-endings in the muscles, and to the distribution of the grey matter in the spinal cord.

DIAGNOSIS.

Progressive muscular atrophies.

MYELO-PATHIC.

(*a*) *Duchenne's progressive muscular atrophy.*—Thenar muscles first affected. Onset in adult life. Fibrillar twitchings. Degenerative changes in the motor cells of the cortex and anterior horns of the cord. Not hereditary. Electrical reaction of degeneration late, if at all.

NEURO-PATHIC.

(*b*) *Tooth's peroneal type.*—Calf or peroneal muscles first affected. Onset in early life. Fibrillar twitchings. Early reaction of degeneration. Runs in families. Lesions probably in the nerves.

MYO-PATHIC.—A complex, and at present imperfectly defined series of idiopathic atrophies which have been separated off by the absence of any nerve lesions from the spinal form with which they were formerly confused. They all appear to be congenital and to run in families.

We may, for the present, divide them into *at least* three groups, which do not appear to be interchangeable with one another, in different members of the same family, and are therefore distinct forms.

(*c*) *Pseudo-hypertrophic paralysis.* — Calves first affected. Hypertrophy of some, and atrophy of other muscles. The muscles of the hands and face escape. Onset in childhood. No fibrillar twitchings. No reaction of degeneration. Runs in families.

(*d*) *Landouzy's infantile form of progressive atrophic myopathy.*—Face affected first, later muscles of shoulders and thighs. Onset in childhood. No fibrillar twitchings. No reaction of degeneration. Hereditary. No hypertrophy.

(*e*) *Erb's juvenile form.*—Shoulder muscles first affected. Onset between 15 and 25. Patients live on, marry, and beget children similar to themselves. No fibrillar twitchings. No reaction of degeneration. Hypertrophy of muscles unimportant; the atrophy marked.

From the present disease we must also distinguish:—

1. A condition of *hypertrophy of the arm muscles,* which is associated with great weakness, but is not progressive.

2. *Congenital spastic hemiplegia.*—Generally due to meningeal hæmorrhage at birth. Spastic gait. Increased knee-jerks. Distribution in one arm, and often in both legs.

3. *Infantile paralysis.*—Sudden onset with pyrexia. Early development of reaction of degeneration. Considerable improvement after the onset of the attack. The lesion is not progressive. Extensive destructive changes are found in the anterior horns of the cord.

4. *Congenital dislocation of the hips.*—The position taken by the patient is very similar to that taken by a patient with P-H. P., otherwise there is no difficulty in distinguishing the two on examination.

5. *Friedreich's disease.*—The swaying action in walking, with a tendency to fall, and the onset in childhood are points of resemblance. The nystagmus, affection of speech, and ataxia are differences.

LECTURE-DEMONSTRATIONS ON ANÆSTHETICS, BY DR. SILK.

No. 1.—NITROUS OXIDE.

GENTLEMEN,—I may, perhaps, be allowed a few words of introduction, in order that I may explain exactly what I propose to do. My colleague, Mr. Bird, in his lectures, will treat more particularly of the principles which underlie the administration of anæsthetics, such, for instance, as the physiological aspect of the question, and in the operating theatre you will be able to follow the administration clinically.

In these demonstrations, or, as I should prefer to call them, lecture-demonstrations, it only remains for me, then, to show you the various instruments, and to explain their use and mode of action; this, however, will lead me to refer incidentally as it were to the actual methods of administration, and to the difficulties and dangers with which we are most likely to be confronted; I trust, therefore, that we may spend a not altogether uninteresting time together. I had hoped, certainly, that I should have been able to give you a series of demonstrations on actual patients, and possibly I may do so on future occasions, but you will readily understand that there are many difficulties in the way.

First of all then, let me refer you to this table, in which I have embodied what I think may be termed the essential details connected with the various anæsthetic substances, the details that is upon which the principles of administration are based. For example, on looking at this table we see that nitrous oxide is half as heavy again as air, and that its anæsthetic power is so feeble that it must be given in an highly concentrated form, *i.e.* 100 per cent.

	LIQUID.	VAPOUR.				
	B. P.	Sp. gr.	Saturation per centage at 40°	60°	80°	Strength required.
Nitrous Oxide	...	1·5	...	...	...	Pure.
Ether	95°	2·5	27	46	71	Over 30 %
Chloroform ...	142°	4·2	6	12	26	Under 4 %
A. C. E. ...	95°	2·9	...	...	...	Under 12 %

Nitrous oxide itself, as you all know, is a gas, but under great pressure it liquefies, and in that state is preserved in these metal bottles or tubes; the pressure in these bottles is about 30 atmospheres, or nearly 450 pounds to the square inch. An ounce by weight of such liquid will expand to three gallons, and it is by weighing the bottles that we determine the amount they contain at any moment. Of course special means have to be adopted for liberating the gas while it is under this great pressure, and in this diagram I have tried to shew you how this is carried out, *i.e.* by means of a screw with a conical end, the screw being moved by means of a hand-key or of a foot pedal, a turn to the right opens the valve and admits the gas to the face-piece, a turn to the left shuts off the supply. I have here shewn, too, the simple and at the same time ingenious device first

suggested by a former colleague of mine in the Dental Department, the late Dr. Sheppard; by means of this curved tube introduced into the bottle, the in-take of the gas is taken above the level of the liquid itself, thus rendering the manipulation of these bottles in the horizontal position much more satisfactory. The horizontal form of bottle is, I think, in every sense more convenient, but they are often placed in a vertical stand and you may still occasionally be called on to administer from a gasometer; but I do not propose to describe these varieties.

To the gas-bottle is attached a length (about a yard and a half) of indiarubber tubing, this should be of much greater thickness than that usually sold, otherwise it is very liable to kink, and being exposed as it is to very great pressure, a slight obstruction to the free flow of gas is quickly followed by a startling explosion. Occasionally, between this tube and the gas-bottles we have inserted what is termed a silencer, which is merely a broad tube packed with spun glass, and which serves to deaden the rushing sound occasioned by the escape of the gas from the bottle; this, however, is a luxury rather than a necessity.

The tube leads into a bag of some two or three gallons capacity which serves as a reservoir or store, for it is important that the actual supply of gas should be considerably in excess of immediate requirements. Nothing is so distressing, or tends to asphyxiate the patient so rapidly as when the slightest attempt at sucking has to be made in order to obtain the needful amount of air, and this difficulty is accentuated in the semi-conscious condition. For the same reason, too, it is important to bring the supply as near to the patient's mouth as possible, so that he will not have to drag up a comparatively heavy column of gas; hence, I think that the bag should be fixed on to the face-piece itself, rather than through the interposition of a length of wide tubing as is sometimes done. In fact, it is one of the advantages justly claimed for the use of the gasometer, that by its means the gas is forced on or presented to the patient rather than his having to obtain it.

To the bag is then attached a three-way tube to enable us to turn on the gas at will, and either in this tube or fixed to the face-piece itself are the valves which are necessary in order to insure the absolute purity of the gas supplied. For my own part I prefer to have the valves in the three-way tube, and in this diagram I have tried to show you the action of the valves as so arranged. These valves, as you see, are simply flaps of indiarubber; in other cases the same effects are produced by means of a metal spring acting upon a light spindle of vulcanite or of ivory fixed to the face-piece itself.

Perhaps the most essential part of the whole apparatus is the face-piece, and although many shapes and forms have been devised at various times, the same principle has been adhered to in all, viz., the endeavour to exclude all possible contamination with the atmospheric air. For the most part, the actual shape of the face-pieces has varied according to whether or no the valves were to be carried on it; if the valves can be placed in a separate part of the apparatus the conical-shaped face-piece seems the best. But whatever face-piece is chosen, too great care cannot be exercised in securing its absolute adaptation to the face of the patient, and for this reason two or three sizes should always be kept in stock, or what is perhaps a better way of putting the same thing, in working order.

I now come to the actual use of this apparatus. First, then, as to the position of the patient; this, almost by preference, may be sitting, but the patient should then be seated well and firmly in the chair, and the latter should be furnished with arms or elbows. He should, too, be placed as nearly upright as possible; I mean, that is, with his head in as straight a line with his body as the operation will permit, otherwise the floor of the mouth tends to form an inclined plane, down which blood, mucus, foreign bodies, or even the base of the tongue itself will gravitate, and aggravate the asphyxial symptoms which are always more or less associated with the later stages of nitrous oxide anæsthesia. If, as is usually the case, teeth are to be extracted, a prop of wood or some such material must now be inserted between the teeth, for nitrous oxide anæsthesia is characterised by spasm rather than relaxation; hence, delay may ensue if everything is not in readiness to commence the operation immediately the face-piece is removed; for, as you know, the duration of anæsthesia is very short.

The next point is to fill up the reservoir bag and to see that all the connections are in working order. The face-piece is then applied to the face, and really too much care cannot be taken over this apparently simple manœuvre. I think myself that when possible it is better for the anæsthetist to stand behind the patient, although, of course, there is no objection to any other position that may be most convenient to him; then, commencing at the nose, work on the pad of the face-piece from above downwards, finally running the finger round the chin to see that no very obvious leakage exists, and when fully applied one of the disengaged fingers of the hand holding the face-piece may be passed under the chin, and serve the double purpose of holding it up and of helping to retain the exact position of the face-piece. I need not say, of course, that all this should be done in the very gentlest possible manner. I have dwelt on this somewhat simple point at some length, because I believe that, more often than not, it is from want of care in this particular direction that some of the few failures that we hear of and read about arise; and I am sure, therefore, that any extra trouble that we take at this stage of the proceedings will, in the long run, repay us.

The next thing is to turn on the gas, and in doing this you should avoid as much as possible inundating the patient with it; your bag, then, must not be over distended, and you must turn on the tap with a gentle and uniform motion. Both in- and expiratory valves are brought into action, and I may say in passing, that except when we happen to run short of gas there is

seldom any need or advantage in using what is usually termed the "supplemental" method, the plan that is of permitting the gas in the bag to be breathed over and over again, though it is undoubtedly useful to be able to do this if we wish.

I do not propose, nor is there any necessity for me to give you a detailed account of the various phenomena observed during the administration. I shall content myself with saying, that the first thing usually noticed is the gradually increasing lividity, to which however you do not pay any heed; then often some regular snoring or palatine stertor is noticed; and, finally, the patient begins to twitch his fingers and eyelids, or irregular laryngeal stertor supervenes. These two latter phænomena, *i.e.*, the twitching and the true stertor, are by no means certain as to the exact sequence of their occurrence, but whichever does occur first must be taken as a signal for stopping the inhalation. I may, perhaps, add too, that during the whole time the anæsthetist should keep his finger on the pulse, either the superficial temporal or the facial, or some such artery being easily available for that purpose; and I need hardly say that failure of the pulse, even in the absence of the other two phænomena, is at once an indication for withdrawing the face-piece.

I now pass on to say a few words as to some of the most prominent difficulties that you are most likely to meet with, and the means by which they may be overcome. First on this list are those associated with the conscious breathing. With the majority of patients, a little personal instruction or demonstration, so to speak, on the part of the anæsthetist is very desirable; on the other hand, with a few—and those mostly fat neurotic females—to draw the slightest attention to their respiratory functions is to throw them at once into a condition of apnœa. Of course such patients require no special form of treatment. If, as sometimes happens, the breathing appears suddenly to cease for a few seconds, do not be unduly alarmed, neither consciousness nor voluntary movement is abolished so quickly as this, and, unlike the experience of chloroform anæsthesia, sudden death at this early stage is unknown with nitrous oxide; so then you must keep the face-piece steadily applied to the face until the breathing starts again. If you should feel at all anxious in the matter, it is not at all a bad rule, when you find that within a few seconds of applying the face-piece the patient ceases to breathe, to commence holding your own breath at the same time, the chances will be that you will be able to hold out very much longer than the patient. One thing you must not do and that is, you must not keep lifting up the face-piece, as the school-girls say, "to take a peep."

A little further on in the proceedings, semi-voluntary or rhythmic movements of the hands or feet may supervene; beyond seeing that no damage is done either to the patient or to the bystanders, no restraint should be attempted. Such movements are probably but the expression of the stage of excitement common to this as to all anæsthetics, and may, of course, become more violent on attempts at control.

But perhaps the most troublesome of all is the noisy patient, the patient, that is, who while only half conscious commences to groan, and whose groaning quickly becomes a shriek or a bellow. For these I find that the best thing is to push the gas freely, and this you may do by shutting off the valves and pressing with your hand upon the bag.

Next, gentlemen, as to the dangers and emergencies which are likely to arise. Luckily these are few, but they are sufficiently important and real to justify the general statement that no anæsthetic can be called absolutely safe. First of all, then, a condition of actual syncope may arise at any moment; the treatment of this is sufficiently obvious, the patient must at once be taken out of the chair and placed on the floor or on a sofa with his head well down. Again, especially in the aged or in those whose tissues are in any way hardened, there may be a good deal of respiratory embarassment and laboured breathing towards the end of the inhalation, and these patients too are prone to become very livid at an early stage. To such people, although the gas may be given with perfect safety, yet it must be given with much circumspection, and withdrawn at once when any untoward symptoms arise. Thirdly, I have seen patients have an epileptic seizure while under the influence of the gas; their appearance then is generally very awful, for the natural lividity due to the gas is intensified fourfold by that associated with the fit, and, in addition, you have the frothing at the mouth and the clonic spasm; but in spite of all this I very much doubt whether there is any greater danger to life than is ordinarily the case in epilepsy, and certainly I think that precisely the same line of treatment is called for in both cases, *i.e.* place on the floor, release the bands constricting the neck, chest, and abdomen, and take care that the patient does not injure himself or others. Fourthly, trouble may arise from undue accumulation of blood and mucus in the back of the throat, or from the actual dropping of a stray tooth in the direction of the glottis; in either case I think that the best preliminary measure is to flex the patient's head and body sharply and fully on the thigh, so that the blood may drain away, and you may also succeed by this means in jerking the tooth out of the throat into the mouth. If, in the course of a few seconds, the asphyxial symptoms tend to aggravate rather than improve, you may run your finger down towards the glottis, feeling the vocal cords and freeing them from clots and mucus, and, at the same time, you may come across the tooth, and keeping your finger upon it may then be able to remove it by means of a pair of properly curved laryngeal forceps; failing all this either laryngotomy or tracheotomy is your last resource and must not be long delayed. Happily, however, such accidents as these are extremely rare, so much so as to be classed among the possibilities rather than among the actual occurrences, but this I take it is rather because one is so constantly on one's

guard against them, and it is only fitting and right, therefore, that they should occupy a very prominent position in such a lecture as this. I always teach myself that when the blood accumulates in the throat to the extent of giving rise to a gurgling sound, the head should be at once thrown forward in the way I have described, and at the same time the mouth should be watched carefully both for the more insidious accumulation of blood and also for stray teeth.

The next point is, when should the operator cease his manipulations? Although apparently such a simple question, it is nevertheless one which hardly admits of a very definite answer. If all patients responded to the anæsthetic in precisely the same way, as some people seem to think that they should and even do, the answer might be sufficiently simple. Inasmuch, however, as it is with anæsthetics precisely as it is with any other drug, and no two patients take them in exactly the same way, it is next to impossible to lay down any hard and fast rules. Perhaps, however, it may be of some advantage to you, if I generalise a little on this point.

In the first place then, do not continue the operation a moment after the patient has shewn signs of returning consciousness, and if you are uncertain on this point, as well you may be, err rather on the side of stopping too soon than too late, and this for two reasons; one is that the patient will feel and will probably abuse you when you have finished, the other is that patients in a semi-unconscious condition are much more liable to syncope than when they are fully anæsthetised. But just here comes in the difficulty, these signs of returning consciousness vary so very much. My late colleague, Dr. Sheppard, to whom I have already referred, devised a plan which is at any rate partially successful if it can be carried out. Steadily keeping your eye on the patient's pupil, watch for the first oscillation of the iris, count ten seconds from that moment, and the patient will then be returning to consciousness. This will give tolerably certain results in a large number of instances; will totally fail in others, and above all it engrosses the attention of the anæsthetist to such an extent as to prevent his watching the mouth and otherwise attending to the patient; still it is the only attempt that has been made, as far as I know of, to lay down any definite rule upon the point. Beyond this I can only warn you that the value to be attached to the usual signs of returning consciousness, such as movement of the hands, crying out, &c., varies according to the opinion you have formed as to the temperament of the patient when he first sits down in the chair. For example, children almost invariably shriek directly the forceps is applied to the tooth, and keep up their howls long after the operation has been finished; and yet, when questioned subsequently, they will deny all knowledge either of their shrieks or of the removal of the tooth; again, delicate hysterical females, who have perhaps been dreading the operation for days, will frequently behave exactly in the same way as children; and there is yet another class, often robust men, who will become violently spasmodic or even opisthotonic as soon as the mouth is touched, and yet will not have the faintest after-recollection of their performances. You see, then, how difficult a question this is to answer, and how much the answer must depend upon the individual judgment of the anæsthetist formed at the time.

Finally, as to the cases which may not take gas. With regard to this the rule is very strictly applicable, that if the physical condition of the patient is such as to be judged capable of tooth extraction under any circumstances, it is *ipso facto* capable of withstanding the effects of the gas; with regard to well marked cardiac disease I will only make one other reservation, viz:—do not give it to such cases at short intervals, as, for instance, for clearing out the mouth for false teeth.

GUY'S HOSPITAL ATHLETIC CLUB.

In pleasant breezy weather and before a goodly array of spectators, including numbers of the gentler sex, the ground of the L.A.C., at Chelsea, looked its best last Thursday week, the occasion being the "Guy's Sports." Those who were fortunate in arriving up to time, witnessed some excellent racing, and many of the times were quite up to first-class form. Our energetic and hard-working Hon. Sec., H. A. Munro, was in usual good trim, and ran strongly in the mile, but was unable to overhaul the limit man, Maturin, a "Fresher," who shews promise of things to come, and who beat the former by a dozen yards or so. In the three miles, Munro again proved victorious in the good time of 15 min. 24⅘ secs., beating his last year's performance by 20 seconds, with Tresidder, a very fair second. Bell, the Sydney "boy," was in fine form, easily winning the 100 and 220 yards from scratch, while in the High Jump, having to concede six inches to all comers, he yielded to Lowe, who jumped 5ft. 2in. against Bell's pretty clear of 5ft. 6in. The Cambridge man was, however, outplaced in the Hurdles by H. T. B., but won the Long Jump. Allport, Eastment and Wilmot struggled hard for first place in the Veterans' 600 yards, the latter eventually winning by eight yards from Eastment. In the Quarter Mile, Hibbard was early out through an unfortunate collision with Dudgeon, who won by a yard from Carpenter, after an exciting struggle. Tresidder ran well in the Half Mile, and was seen to advantage in the Three Miles. "Putting the Shot," was again won by Macdonald with a put of 31ft. 7in., the second man being Scott. Harold Wade, of the L.A.C. and Lee Harriers, earned a popular victory in the *pièce-de-resistance*, the Strangers' 880 yards, after a grand race.

The success of the Sports Meeting was indubitable, and the Officials and Committee are to be congratulated on the excellent manner in which the arrangements were carried out. Messrs. L. A. Dunn and A. D. Fripp were judges, P. Purnell, referee, and F. W. Parker (L.A.C.) starter. Time keeper, Nat Perry. Our prospects for the possession of the "Shield" yet once more of the rosiest. We should be certain of the mile, three miles, 220 and

100 yards. In Munro and Bell we have two men who want a lot of beating; the latter's time for the 100 is as good, if not better, than that of the "Champion Medical Athlete," in addition to which Bell's jump of 5ft. 6in. should run the "Darkys" rather close. With Lowe and Bell representing us for the hurdles and long jump we should do well. In the half-mile Tresidder and Dudgeon, in the quarter Dudgeon, and in putting the shot Macdonald and Scott represent us. In addition to being photographed in the park our selected men must keep in good training, go for all the open events they can, and will in due course give a splendid account of themselves at the United Hospitals Meeting on the 18th.

Amongst others present during the afternoon were Messrs. Clement Lucas, President G.H.A.C., Durham, Brailey, Dunn, Targett, Fripp and Dr. and Mrs. Shaw. At the conclusion of the sports Mrs. Shaw graciously distributed the prizes. A few words from our genial President, and cheers for Mrs. Shaw, brought an enjoyable afternoon's sport to a fitting conclusion.

DETAILED ACCOUNT:—

100 YARDS. *Heat 1.*—H. T. Bell, scratch, first; H. W. Dudgeon, 6 yards, second. Time, 10⅘ sec.

Heat 2.—H. J. M. Smith, 6 yards, first; F. H. Simpson, 6 yards, second. Time, 11⅖ sec.

Heat 3.—F. P. Bush, 10 yards, first; L. B. Carpenter, 6 yards, second. Time, 10⅘ sec.

Heat 4.—N. Y. Lower, 11 yards, first; S. A. Ruzzak, 6 yards, second. Time, 11⅖ sec.

Final Heat.—Bell, first; Bush, second. Time, 10½ sec. Won by a yard-and-a-half.

HALF MILE.—M. E. Tresidder, 45 yards start, first; H. W. Dudgeon, 35 yards, second; third. Time, 2 mins. 1⅖ sec.

THROWING THE CRICKET BALL.—Edgar Reid, 96 yds. 2in., first; J. H. Bettington, 93yds. 2ft., second.

120 YARDS HURDLE RACE.—H. T. Bell, owes 5 yards, first; C. M. Beadnell, scratch, second; P. R. Lowe, owes 20 yards, third. Time, 21⅕ sec.

ONE MILE.—A. E. Maturin, 240 yards start, first; H. A. Munro, scratch, second; P. F. Henry, 240 yards, third. Winner's time, 4 min. 21 sec.; Munro's times were, half-mile, 2 min. 12 sec.; three-quarter mile, 3 min. 22⅕ sec.; mile, 4 min. 30⅕ sec.

220 YARDS, ONE HEAT.—H. T. Bell, scratch, first; F. P. Bush, 18 yards, second; H. T. Hinton, 9 yards, third. Time, 23⅖ sec. Won after a close race by one yard; two yards separated second and third.

THROWING THE HAMMER.—P. R. Lowe, 68ft. 9in., first; E. N. Scott, 62ft., second. This was the first occasion on which this event was included in the sports, and the result must be reckoned satisfactory. Six entered.

QUARTER MILE.—H. W. Dudgeon, 7 yards start, first; L. B. Carpenter, 20 yards, second. Also ran—C. E. Hibbard, H. T. Hinton, C. M. Beadnell. Time, 55⅘ sec. Won by a yard.

SACK RACE.—Eight entered for this amusing race, which ended in a dead heat between Brown and Allport. On running off the heat Brown, whose jumps were clever, defeated Allport, whose tricky runs for once in a way did not come off.

HIGH JUMP.—P. R. Lowe, first, 5ft. 2in.; H. T. Bell, owes 6in., second; M. E. Tresidder, third.

VETERANS' RACE.—P. Wilmot, scratch, first; J. W. Eastment, scratch, second; P. Purnell, ten yards, third; A. Allport and F. P. Bush also ran. Allport forged ahead, but gave place to Eastment, who was in turn passed by Wilmot in the straight.

PUTTING THE SHOT.—W. D. Macdonald, owes 1ft., first, 31ft. 7in.; E. N. Scott, scratch, second, 30ft. 7in.; R. S. Rowland, scratch, third, 30ft. 6in.

880 YARDS STRANGERS RACE.—Harold Wade, L.A.C., scratch, first; P. W. James (Bart's), 50 yards, second; F. A. Waylen, L.A.C., 42 yards, third; A. R. Williams, Lea H., scratch, fourth. 20 ran. Wade drew level in the straight and won by a yard. Time 2 min. ⅕ sec.

LONG JUMP.—P. R. Lowe, 18ft. 6in., first; M. E. Tresidder, 16ft. 6in., second.

THREE MILES.—H. A. Munro, scratch, first; M. E. Tresidder, 1 min. 40 sec., second; P. Wilmot, 1 min. 30 sec., third; P. F. Henry, 2 min. 40 sec., fourth. Time 15 min. 24⅖ sec. Munro passed his men half a mile from home, and won easily by over a hundred yards.

BAND RACE.—200 yards. Ashley, first; Griffen, second; Common, third.

CONSOLATION RACE.—300 yards. C. E. Hibbard, first.

The band of the M Division of Police played selections of music during the afternoon under Conductor O. H. Carter.

GUY'S HOSPITAL DEBATING SOCIETY.

On Friday, the 3rd inst., a meeting was held in the Chemical Theatre to discuss the advisability of starting a Debating Society. Mr. Fripp, who took the chair, pointed out to the meeting the advantages to be reaped from such a society, and the want which had been long felt for it. He, personally, very much desired that there should be one, and would do all in his power to further the scheme. The broad, general outline of the proposed society having been laid down, it was unanimously resolved that "A Debating Society be formed at Guy's." A variety of topics was next discussed, including the constitution of the society, the general or specific character of the debates, the inclusion or exclusion of topics religious or political, the advisability of approaching the Presidents of the Physical Society, with a view of their taking the fledgling under her wing. It was next proposed that a Provisional Committee of five be appointed, with Mr. Fripp as chairman. It was eventually carried that there should be a representative of the first, second, third, and senior years upon the Committee. The Committee, which consists of Mr. Fripp, chairman, Mr. Mackeson, senior, Mr. Parry, 3rd year, Mr. Handley, 2nd year, and Mr. Pakes, 1st year, were instructed to draw up rules, &c., and to submit them to another meeting in a short time. After a vote of thanks to the Chairman for having so kindly presided, the meeting broke up.

Passim.

A FULL report is given in another column of the very successful meeting of the Athletic Club, one of the most successful and most creditable which we have witnessed for some time past.

THOUGH the sports did not serve to bring out anything very new in the way of promising athletes, the performances were quite good enough to give us hope that we shall have at at least a "look in" for the Shield this year. Provided Munro be anything like fit there is hardly anybody who can get near him in the long distance races, and in the regrettable absence of Green, Bell has every chance of pulling off at least two events.

THE problem left is—Tresidder having done the half-mile in 2 min. 1 sec., with 35 yards start, can he do the total distance in 2 min. 4 sec.? if so, he will win.

OUR team for the United Hospitals Sports, at Stamford Bridge, on the 18th of June, is made up as follows: 100, H. T. Bell, E. Reid; 220, H. T. Bell, E. Reid; 440, H. W. Dudgeon, H. S. Desprez; 880, M. E. Tresidder, C. E. Hibbard; Mile, H. A. Munro, A. E. Maturin; 3 Mile, H. A. Munro, M. E. Tresidder; Hurdles, P. R. Lowe; High Jump, H. T. Bell, P. R. Lowe; Long Jump, H. T. Bell, P. R. Lowe; Hammer, P. R. Lowe, E. N. Scott; Shot, E. N. Scott, R. S. Rowlands, E. Moore.

THE cricket team have been distinguishing themselves of late—one and individually—and by the time these lines are in print, we hope they will have won their tie in the Inter-Hospital Cup. We have to congratulate Francis on his two big scores—both over 100. Reid on his 91 against Repton School, and Hancock on his fine innings of 60 against Bickley Park.

WE have also to congratulate the last-named on being chosen to play for Somersetshire v. Surrey at the Oval last week. Unfortunately he was prevented from doing himself justice by receiving a very nasty blow on the leg in his first innings, from Lockwood, who was bowling very fast and short on a very dangerous and bumpy wicket—a piece of very questionable cricket conduct.

THE following appointments have been made by the Treasurer; duties to commence on October 1st:—

Senior Demonstrator of Anatomy—L. A. Dunn, Esq., M.S.

Demonstrator of Anatomy, with Biology—J. H. Targett, Esq., M.S.

Demonstrator of Anatomy—A. D. Fripp, Esq., B.S.

Demonstrator of Physiology, with Biology—A. H. Tubby, Esq., M.S.

Senior Demonstrator of Biology, with Physiology—H. J. Campbell, Esq., M.D.

Dental Tutor—R. W. Rouw, Esq., L.R.C.P., M.R.C.S., L.D.S.

Demonstrator of Dental Microscopy—J. Mansbridge, Esq., L.R.C.P., M.R.C.S., L.D.S.

Ophthalmic Assistant—D. S. Long, Esq., M.B., B.C.

Joint Lecturer on Physiology—E. H. Starling, Esq., M.D.

There is also a vacancy for a Demonstrator of Physiology, with Biology.

THE Club known among students of Guy's and Bart.'s as "The Old Firm," still meets from time to time. A few years ago it was an extremely well-known Club, chiefly perhaps because of the good fellowship exhibited at its annual meeting. This was celebrated by a dinner and smoking concert in the merry month of May. This year the meeting was well and enthusiastically attended at the St. James' Banqueting Hall, on the 27th of the merry month, and the performance that followed was excellent. Messrs. Charles Coborn, Fred Storey, Charles Collette, and many other well-known performers kept the ball rolling merrily till one a.m. The Ventriloquist's wheeze, that went best, was complimentary to our old friend Troughton, who

has just acquired the right to put a dozen letters after his name, and has started therewith on a three years' voyage.

COMPLAINTS have reached our ears concerning the appearance of dressing coats in the Club, and they are surely reasonable. Iodoform is a scent which of all others may be most truly said to cloy. Where it cannot be avoided, we learn to tolerate it; but in the Dining-hall we, and, still more, our guests, might hope to escape from it.

SOME time ago a correspondent wrote to us to point out a defect in the arrangements for carrying out chemical tests in the Wards. His suggestion was that a tap and sink would facilitate the washing of test-tubes and other apparatus, and would, with the addition of some towels, simplify and encourage the washing of hands, without adding to the work of the nurses. We were congratulated within a week of the publication of his letter, upon the fact that steps were being taken for the carrying out of some such scheme in at least one Ward. We still believe that something is going to be done in the matter, but are unable to give him any further information.

J. B. complains that the Club tariff is rising. He says entrées are now 10d., whereas they were formerly 9d. S. complains of "being rushed" 4d. for porridge. The latter does not seem to us excessive, but we are not Scotchmen.

WE see by the "indicator" that Mr. Brailey has been "in" for three weeks. Such a piece of information is not only harassing to his dressers, but alarming to us all.

HEARD in the Smoking-room.—First smoker to his friend, who is taking an invalid down to the country: "Well, I wish you luck—by-the-bye, what will you do if he dies on the way?" His friend, after some hesitation: "Oh! I never thought of that; I think I should cover his face over with the *Sporting Life*."

THE death-rate returns among Hospital Journals have recently been high, if rumour can represent the Registrar-General in point of accuracy. The *St. Thomas's Hospital Gazette*, we are told, has perished, ere its prime; and a still younger periodical from another Hospital is dying a violent death as we write. "The Greeks said grandly in their tragic phrase, Call no man happy till the end."

THE Dental Students appear to have a very good case against the Final L. D. S. examination, although the method of airing their grievances is perhaps open to criticism. The time has now come for our Dental Staff to take the matter up vigorously and obtain the reforms which seem so much needed. We shall be pleased to receive communications on the subject, especially from those Students who have actually presented themselves at the examination.

WE are glad to see that steps have been taken to remedy the defects in the new Fives Courts. We had feared they had gone the way of the "indicator" or "a-penny-in-the-slot" machine.

ALL members of the Clubs' Union are entitled to a copy of the prospectus, or "blue book," which has recently been brought out by the Union Council; they can procure the work from the Librarian, and will find it light and digestible, and not too thick.

THIS is the way to deal with a rough, "according to the Guy's teaching." As a well-known member of the "Junior Staff" was returning from a hard day's tennis on Bank holiday, a gentleman at one of the East London Stations put his stick through the carriage window and tapped him on the head with the remark, "Ere's a bloke what wants waking up.

Unfortunately, the "Junior Staff" *was* awake, the train was just on the move; he jumped out, hit the aggressive party a straight left on the nose, causing a knock-out in the first round and returned quickly to his carriage, remarking to his friends, "I want all Guy's men to remember that."

WE would remind our readers that we cannot make "copy" out of orange-peel and nut-shells. Such has been the staple food of the "Editors' Box" for some time past; and if there be no improvement very shortly, we fear the constitution of this GAZETTE will be in some danger of becoming "ricketty."

THE COLLEGE LIBRARY.

Our Library has been such a success, and has been supported by some 70 members, that statistics concerning the books taken out, as well as the class of literature read, cannot fail to be of interest. During the last year 562 books have been borrowed, and these, with the kind assistance of the Librarian and two friends, I have roughly classified under the following heads:—

Fiction	410
Sport	30
Science	29
Poetry	26
History	24
Philosophy	14
Art	9
Literary Criticism	8
Travels	7
Theology	5
	562

Thus it is seen that fiction comprises nearly 73 per cent. of all the books read, and in this respect our literary taste resembles that of the general public, as shown by the returns from the public libraries, the average for all England being about 70 per cent. In three large towns in the north of England fiction forms 76 per cent., 82 per cent., and 67 per cent. of the books borrowed from the respective free libraries.

Bret Harte seems to be the favourite amongst our readers, different volumes of his writings having been out twenty times.

The following list will show the number of times a book has been borrowed:—

Those read 8 times—The Chaplain of the Fleet, Tales from the Hills.

Those read 7 times—Diana of the Crossways, The Master of Ballantrae.

Those read 6 times—Ravenshoe, The Light that Failed.

Those read 5 times—Artemus Ward's Works, All Sorts and Conditions of Men, Notre Dame, A Girl in the Karpathians, Fishing (Badminton), Memoirs of a Physician, Life's Handicap.

Those read 4 times—Hard Cash, Colonial Reformer, Two Years Ago, John Inglesant, David Grieve, Treasure Island, Story of the Heavens, Dreams, Kidnapped, Les Misérables.

Those read 3 times—Carlyle's French Revolution, The Silence of Dean Maitland, Virgin of Virginia, Eulogy of R. Jefferies, The Three Musketeers, Fantasy, The Story of an African Farm, A Son of Vulcan, Lorna Doone, Wormwood, The Blackarrow, A Cigarette Maker's Romance, The Mill-on-the-Floss, The Egoist, Mr. Potter of Texas, Obiter Dicta, The Wrong Box, Ought We to Visit Her? Ordeal of Richard Feveril, Elsie Venner, The Cloister and the Hearth, Origin of Species, The Romans under the Empire, Jane Eyre, Tyndall's New Fragments, Tom Jones.

Those read twice—Autocrat at Breakfast Table, Herodotus, Racing (Badminton), Clough's Poems, Fragments of Science, Anna Karenina, Disraeli and his Day, History of the Conquest of Peru, Mr. Isaacs, Charles O'Malley, Whymper Scrambles, Peregrine Pickle, Law and Lady, Dyce's Shakespeare, Col. Enderby's Wife, Sophocles Antigone, Alton Locke, Essays in Criticism, Dr. Thorne, Pickwick Papers, Cavendish on Whist, Woman in White, Huxley's Lay Sermons, Shooting (Badminton), Idstone Papers, Monte Christo, That Lass o' Lowries, Woodstock, David Copperfield, Rossetti's Poems, Cycling (Badminton), Tales of Pacific Slopes, Hereward the Wake, French Fiction of To-day, Hypnotism, Cook's Handbook to the National Gallery, Jefferies' Gamekeeper, Through one Administration, Smoke, Strange Adventures of a Phaeton.

A.P.A.

Hospital News.

IN THE WARDS.

UNDER MR. DAVIES-COLLEY.

LYDIA 17.—E. D., æt. 59. Admitted for tumour of right superior maxilla.

History.—Thirty years ago, in extracting the right last upper molar tooth, the root was left in. About two months ago patient first noticed a swelling in roof of mouth. For last month there has been discharge from the old tooth cavity. Considerable pain, which shoots up right side of face and across forehead.

Condition on admission.—Hard palate, depressed on right side and a little over the median line; foul smelling yellowish discharge coming from old tooth cavity; considerable swelling of right cheek over position of antrum.

Operation, 5th inst.—Removal of right superior maxilla. Raw surfaces painted with a mixture of zinc chloride and collodion. Section of the superior maxilla showed the antrum to be completely filled by bone. Since operation no pain; temperature normal. Patient doing very well.

Luke 7.—Abscess, following epididymitis.

Luke 9.—H. M., æt. 18. Admitted for hæmaturia.

History.—For last two years patient has had attacks of hæmaturia at intervals of two to three weeks, sometimes clots being passed. For last six to eight months there have been pains about neck of bladder, especially on defæcation. Has been sounded for stone several times, but without success. Catheterisation very painful. Large quantity of pus in urine.

Examined under Chloroform.—No stone felt; interior of bladder felt roughened; evacuator used; nothing important came away; prostate small; swelling about size of date-stone felt in front of white line on left side.

Temperature rose to 103·8° on 4th instant, and 104° on 5th instant.

6th. Perineal section. Anterior wall of bladder found roughened. Bladder washed out with lactic acid pigment. [G.H.P.]

Luke 18.—J. P., æt. 57. Epithelioma of floor of mouth, with glands in submaxillary and cervical regions of left side affected.

Cornelius 20.—W. D., æt. 43. Admitted 30th May.

History.—Patient was bowling at cricket that night, when he felt something suddenly give in left groin. Did not feel any pain at the time, but soon left the field and walked for about quarter mile before noticing that his scrotum was swollen; then felt sick. Came up to Hospital 1½ hours after the accident. No history of a blow.

Condition on admission.—Scrotum, especially on left side, much swollen and not very tender on pressure. No pain. Measurements: Scrotum = 13½ins. round; Penis = 5½ins. round and 5in. in length. Left side of scrotum discoloured (purple) and much colder than right side. The discolouration increased in extent and intensity, but was limited to the scrotum, penis and perineum almost as far as the margin of anus. There was some fluid in the left tunica vaginalis.

Under Mr. Lucas.

Job 6.—J.R., æt. 50. Admitted for pain in back and hæmaturia. Intermittent pain in left lumbar region for two years. For some time he had noticed difficulty in commencing micturition, though the stream was quite free when started. In August, 1891, whilst riding in cart, seized with sudden burning pain in perineum and along whole course of urethra, and also along spermatic cord to left testicle. There was intense desire to pass water, but on attempting to do so, blood was passed, and after a sudden stop and considerable straining, a clot ¾-inch long, diameter nearly ½-inch was passed, and then apparently normal urine. Since that date blood in his urine every day, with only two exceptions; frequently clots, and increasing difficulty. Has been sounded three times, but no calculus found; blood sometimes before, sometimes after urine. Constipation chronic lately, but no pain on defæcation. Micturition very painful, obliged to pass water in erect position, pain being increased by dorsal and lateral position. Urine, ·1020; acid; bright red; pus; blood; obliged to pass it every hour; nothing felt per abdomen; per rectum, prostate, large and tender, and hard.

Lydia, Cot C.—K.R., æt. 2. Admitted June 7th, temp. 104·4. Swelling over left parotid and in left submaxillary region; began June 2nd; after admission became rapidly worse; sloughy condition of parts in left submaxillary region, dyspnœa, cyanosis. Tracheotomy at 5 p.m. on June 8th. A sloughing ulcer of left tonsil observed, and on further enquiry a history of some illness at patient's home; two children still bad, and another one died this morning. ? Drains; ? exanthem.

Charity 5.—A.C., æt. 5. Admitted for bleeding from gums, on June 3rd; a week ago a loose tooth fell out, oozing of blood intermittently ever since. On June 3rd had two teeth extracted in Dental Department; brought up to surgery in afternoon; markedly anæmic, with considerable oozing of blood from left side of lower jaw. Application of hazeline failed to arrest bleeding for two days, after which a plug of wool with ferri perchlor. was effectually used. History of severe epistaxis on several occasions; ecchymosis from very slight blows; several on legs at time of admission. No history of hæmophilia on mother's side, but father suffered from repeated epistaxis when a boy.

Under Dr. Pye-Smith.

Philip 31.—Ascites. Cause, cirrhosis of the liver. Patient has a very characteristic alcoholic aspect.

33.—Chorea, well marked in a boy of 17. First attack. Heart normal.

30.—Chronic parenchymatous nephritis, with well-marked albuminuric retinitis.

Under Dr. Goodhart.

Philip 17.—Paraplegia. Slurred speech. ? G.P.I.

10.—Aortic stenosis and regurgitation and mitral regurgitation, secondary to the above.

19.—Ichthyosis.

2.—Acute rheumatism. Mitral stenosis and regurgitation.

12.—Enlarged liver from malignant disease, secondary to carcinoma of rectum.

9.—Aneurysm of arch of aorta. Pulsating tumour in upper part of right side of chest. Abductor paralysis of left vocal cord.

18.—Pain in right lumbar region. Shotty inguinal and axillary glands. ? Malignant disease.

5.—Chronic parenchymatous nephritis, with well-marked albuminuric retinitis.

UNDER DR. TAYLOR.

STEPHEN 14.—Diabetes Insipidus. History of injury to head. Passes at times 300 ounces of urine in the 24 hours.

16.—Dyspnœa. Enlarged liver. Cirrhosis.

7.—Aortic stenosis and regurgitation. The diastolic murmur is very loud and very musical. ? Cause of musical character—(*a*) Loose piece of valve or vegetation, (*b*) Perforated valve.

17.—Mitral stenosis and regurgitation. Tricuspid regurgitation. Purpuric eruption on legs. Thrombosis of veins of legs.

12.—Jaundice. Enlarged liver. Coma. ? Malignant.

18.—Œdema of leg and back. ? Cause.

UNDER DR. HALE WHITE.

STEPHEN 21.—Locomotor ataxy.

40.—Pleuritic effusion. ? Ulcerative endocarditis affecting pulmonary valves.

39.—? Ulcerative endocarditis. Cardiac bruits. Retinal hæmorrhage. First diagnosis. Enterica.

UNDER DR. PYE-SMITH.

MARY 30.—Ascites. Cirrhosis of liver.

25.—? Elephantiasis of left leg.

UNDER DR. TAYLOR.

MARY 46.—Wasting and loss of power in arms and legs. ? Progressive muscular atrophy.

44.—Movable kidney.

40.—Right facial paralysis. ? Cause.

42.—Mitral stenosis and regurgitation. Mid-diastolic bruit.

UNDER DR. GOODHART.

MARY 14.—Enlarged Thyroid. ? Exophthalmic goître.

13.—Locomotor ataxy.

23.—Chlorosis.

24.—Hæmaturia. Cystic sarcoma of right kidney.

20.—Pseudo-hypertrophic paralysis.

21.—Peripheral neuritis.

UNDER DR. HALE WHITE.

MARY 7.—? Hysterical hemiplegia.

8.—Abdominal pain. ? Pelvic peritonitis.

CLINICAL.

JOHN 13.—Gastro-enteritis ab ingestis (radishes, cheese, &c.) Bilious vomiting; abdominal pain and quantity of bright blood in stools. No piles. He states that he often passes blood when quite well. Good recovery with Tr. Ferri. Perchlor. ʒss. 2ndis horis and Mist. Bismuthi Sed.

JOHN 15.—Æt. 56. Brought in with a sudden attack of severe dyspnœa. Cyanosed; free perspiration; pulse 124, good. Chest full of loud râles, drowning heart sounds. Expiration twice as long as inspiration. Conscious; no paralysis; pupils sluggish. Phlebotomy to six ounces. Albumin abundant. Hæmoptysis. ? Pulmonary apoplexy, with granular kidneys.

MIRIAM 24.—Æt. 29. Six months gone in her fourth pregnancy. 10 days ago felt something give way in hepatic region. Vomiting; urine dark. On admission great pain and tenderness over liver; dulness increased downwards, but not upwards. Temp. 99·6°. Slight jaundice of skin and conjunctiva; constipation; tongue slightly furred, breath fœtid. ? ?

MIRIAM 25.—Æt. 23. Seven months ago noticed small swelling in left hypochondrium. Vomited and was feverish at the time. Large, solid, rounded tumour in left loin. Urine normal. ? Renal sarcoma.

RECENT PUBLICATIONS.

Adams, W. On Contraction of the Fingers and on "Hammer Toe." 8vo. Churchill, 6/6.

Althaus, J. Influenza. 2nd edition, enlarged, crown 8vo. Longman, 6/-.

Blandford, G. F. Insanity and its Treatment. 4th edition, crown 8vo. Oliver & Boyd, 10/6.

Carrington, R. E. Notes on Pathology: a Handbook for the Post-mortem Room. Edited by H. Evelyn Crook and Guy Mackeson. Crown 8vo. Lewis, 3/6.

Clouston, T. S. Clinical Lectures on Mental Disease. 3rd edition, crown 8vo. Churchill, 14/-.

Fox, L. W., and Gould, G. M. A Compend of the Diseases of the Eye. 2nd edition, crown 8vo. Pentland, 4/6.

Goodhart, J. F. On Common Neuroses. Crown 8vo., Lewis, 2/6.

Guinby, Henry C. Notes on Dental Practice. 8vo. Churchill, 9/-.

Horwitz, O. A Compendium of Surgery for Students and Physicians. 4th edition, crown 8vo. Pentland, 5/.

Jessett, F. B. The Surgical Diseases and Injuries of the Stomach and Intestines. Crown 8vo. Baillière, 7/6.

Landis, H. G. A Compend of Obstetrics. 4th edition, crown 8vo. Pentland, 4/6.

Lane, Hugh. Differentiation in Rheumatic Diseases (so called). 2nd edition, crown 8vo. Churchill, 3/6.

Medical Register. Spottiswoode, 6/-.

Newsholme, A. Hygiene. Revised edition, crown 8vo. Gill, 3/6.

Ormerod, J. A. The Diseases of the Nervous System. 12mo. Churchill, 8/6.

Osler, W. The Principles and Practice of Medicine. Royal 8vo. Pentland, 24/-.

Potter, S. O. L. A Compend of Human Anatomy. 5th edition, crown 8vo. Pentland, 5/-.

Proctor, Barnard S. Lectures on Pharmacy. 3rd edition, 8vo. Churchill, 14/-.

Quain's Elements of Anatomy. Edited by Schäfer and Thane. Vol. II., Part 2: Arthrology, Myology Angeiology. 10th edition, royal 8vo. Longman, 18/-.

Robson, A. W. M. On Gall Stones and their Treatment. 12mo. Cassell, 8s. 6d.

Russell, R. Epidemics, Plagues and Fevers. 8vo. Stanford, 16/-.

Sport.

CRICKET.

GUY'S HOSPITAL v. SURREY CLUB & GROUND.

More enjoyable weather could not be desired than that experienced at the Oval last Monday, May 23rd, in the match Guy's v. Surrey Club and Ground, and Guy's XI. may be heartily congratulated on two scores—firstly, by beating a very strong Surrey team—secondly, on the large number of Guy's men present to see them play and win. Among those present we noticed Dr. Bryant, and Dr. Farr, of Kennington.

Reid won the toss and elected to bat first; he and Bettington went to the wickets at 11.25; after a maiden over Bettington hit Smith for one; in the same over Reid hit the latter for three; Bettington scored two more when, next over, he was caught at point, bowled Watts. Hicks joined Reid, but the partnership did not last long, for when the score was 12 Reid was bowled by Watts. Francis followed; now the scoring was fast and furious, it soon reached 70, when Hicks, after being badly injured on the hand, was bowled by De Montezuma for a very well played 28. Shorland followed, and when his score had reached 31 he was disposed of by Watts; four wickets for 132. Stamford, after making seven, was bowled by Ayres. Joyce followed and was bowled first ball. He looked more dismal when he came into the pavilion than when he went out. Hancock joined Francis and batted well for 24; seven wickets for 233. Jones and Francis became partners, but the latter was soon bowled for the handsome score of 106. The wee batsman got a splendid ovation from both sides. It is a pity he ate so much lunch. Layman and Hewetson were disposed of for four and five respectively, Jones carrying out his bat for 23, made in first class style. His batting was much admired by the Surrey team. Our freshmen, Hancock, Jones and Hicks, are an acquisition to the team, making 24, 23 and 28 respectively.

After a short interval Surrey sent in Mr. W. T. Graburn and Watts to face the bowling of Joyce and Bettington. The latter batsman was soon disposed of by Joyce for one. Ayres followed, and after batting well for 23 was captured by Layman, bowled Bettington; two wickets for 38. L. De Montezuma joined W. T. Graburn, and after making four was bowled leg before wicket by Joyce. Thompson, the next player, was caught by Shorland after making six; four wickets for 50. P. Castle joined W. T. Graburn; this partnership caused considerable trouble, and after carrying the score up to 75 Graburn was well caught by Francis, bowled Bettington. Dr. Hyslop followed, but was soon disposed of by Joyce for three. Milburn, the next batsman, was not got rid of till he had made 44, and when P. Castle was clean bowled by Bettington for 28 the score stood 103 for seven wickets. The remaining batsmen, Marshall, H. H. Cornish, and Smith were out for two, one and five respectively, Surrey's innings closing for 164, and being 110 behind they had to follow on.

In the second innings Surrey had two wickets down for 51. Guy's therefore won a well deserved victory on the first innings by 110 runs. But for the batting of the two amateurs, Messrs. W. T. Graburn and P. Castle, and the two professionals, Ayres and Milburn, Surrey Club and Ground would have cut up badly.

GUY'S.—First Innings.

E. Reid, b Watts	3
J. H. Bettington, c Hyslop, b Watts	3
H. S. Hicks, b De Montezuma	28
C. J. Francis, b Watts	106
E. T. Shorland, b Watts	31
R. B. Stamford, b Ayres	7
J. H. Joyce, b Ayres	0
W. I. Hancock, b Smith	24
M. P. Jones, not out	23
S. G. Layman, b Smith	4
H. Hewetson, b Smith	5
Extras	40
	274

Runs at fall of each wicket:—1, 7; 2, 12; 3, 70; 4, 132; 5, 139; 6, 139; 7, 233; 8, 237; 9, 247.

SURREY CLUB & GROUND.—First Innings.

W. T. Graburn, ct Francis, b Bettington	32
Watts, b Joyce	1
Ayres, ct Layman, b Bettington	23
L. De Montezuma, lbw, b Joyce	4
Thompson, ct Shorland, b Bettington	6
P. Castle, b Bettington	28
Dr. Hyslop, b Joyce	3
Milburn, b Bettington	44
Marshall, b Joyce	2
H. H. Cornish, b Bettington	1
Smith, not out	5
Extras	15
	164

Runs at fall of each wicket:—1, 3; 2, 28; 3, 42; 4, 50; 5, 75; 6, 85; 7, 103; 8, 116; 9, 117.

BOWLING ANALYSIS.

	Overs.	Mdns.	Runs.	Wickets.
Bettington ...	26	7	52	6
Joyce ...	22	3	86	4
Hancock ...	4	0	11	0

Joyce bowled 1 nb.

SURREY CLUB & GROUND.—Second Innings.

W. T. Graburn, ct Shorland, b Francis	10
Watts, ct Bettington, b Hancock	18
Ayres did not bat.	
L. De Montezuma did not bat.	
Thompson did not bat.	
P. Castle did not bat.	
Dr. Hyslop did not bat.	
Milburn, not out	13
Marshall did not bat.	
H. H. Cornish did not bat.	
Smith, not out	7
Extras	3
	51

GUY'S HOSPITAL v. TUNBRIDGE WELLS.

Tunbridge Wells won the toss and opened their innings on a dry wicket, to the bowling of Bettington and Joyce. At luncheon the score was 164 for 7 wickets. After luncheon only 4 more runs were added. For the home team Morgan and Hobbs both played well. Reid and Bettington opened the innings for Guy's, but the latter was bowled before scoring. Francis played well for his 18. Stamford showed the best form, but was unfortunately given out from a catch off his pads. Layman and Biggs both played well for the last wicket.

TUNBRIDGE WELLS.

E. King, c Layman, b J. H. Bettington	0
J. H. Kelsey, b J. H. Joyce	11
E. H. Morgan, c Francis, b W. T. Hancock	49
Rev. F. G. Knott, c Hancock, b C. J. Francis	9
G. Featherstone, c Layman, b C. J. Francis	5
W. B. Hobbs, b J. H. Bettington	56
Major L. T. Spens, c Shorland, b Bettington	18
P. T. P. Knott, b Joyce	16
C. King, b Joyce	0
L. Hepworth, b Joyce	0
J. Connam, not out	0
Extras	4
	168

Runs at the fall of each wicket:—1, 0; 2, 31; 3, 70; 4, 70; 5, 84; 6, 112; 7, 164; 8, 168; 9, 168; 10, 168.

GUY'S.

E. Reid, c C. King, b E. King	16
J. H. Bettington, b E. King	0
H. J. Hicks, b G. Featherstone	0
C. J. Francis, c Hepworth, b E. King	18
E. T. Shorland, b Hepworth	8
R. B. Stamford, c C. King, b Featherstone	33
M. P. Jones, b E. King	21
W. J. Hancock, b G. Featherstone	0
J. H. Joyce, b Featherstone	1
S. G. Layman, not out	8
J. J. E. Biggs, b E. King	10
Extras	13
	128

Runs at fall of each wicket:—1, 4; 2, 5; 3, 35; 4, 42; 5, 54; 6, 92; 7, 92; 8, 104; 9, 104: 10, 128.

GUY'S v. BICKLEY PARK.

Favoured with grand cricket weather, the 1st team had an enjoyable and successful outing at Bickley on June 1st. The team arrived an hour late, owing to alterations made in the train service with the 1st of the month. Reid having lost the toss, Bickley Park went to the wickets first, sending in Jones and Stutfield to the bowling of Bettington and Hancock. Seven runs had only been scored when Jones was caught by Reid at point. A grand catch by Hicks got rid of a dangerous run-getter in Tonge, who, during his short stay, contributed a useful 24. The two next batsmen did not stay long, but with the advent of Dives some leather hunting began. He made 68 not out—a grand display of batting, without a chance. Fisher made 34 in dashing style before he fell to a good catch by P. M. Jones. Bettington soon disposed of the remaining batsmen, and Bickley's 1st innings closed for 197. Hancock's analysis will show how well he bowled, being unchanged throughout the innings. Guy's commenced batting with Jones and Stamford, to the bowling of Fisher and Tonge, and carried the score to 22 before the latter was bowled. Hicks followed, but soon after lost Jones, who was well caught by Gilbert close to the boundary. On Francis coming in runs came very fast, both batsmen giving the field plenty of work. These two carried the score from 37 to 86 before Francis was bowled. Reid, the next man, was unfortunate in being caught before he had time to get set. Probably the most brilliant innings of the day was Hancock's 60. He played a steady and confident game; at the same time, scarcely a loose ball failed to have his full attention, and almost invariably resulted in a boundary hit. Just before he was bowled he made the winning hit. Fitzhugh and Hewetson played well, and caused several changes before they were separated. Pike apparently has some form, but Biggs being somehow unaccountably stumped, had no opportunity of showing it. Boosey was the most successful bowler, with four wickets.

BICKLEY PARK.

R. S. Jones, c Reid, b Hancock	1
H. E. M. Stutfield, c M. P. Jones, b Bettington	11
J. A. Tonge, c Hicks, b Hancock	24
C. A. W. Gilbert, b Hancock	13
G. R. Clarkson, b Hancock	2
J. Dives, not out	68
C. H. Hunter, b Hancock	6
E. Fisher, c M. P. Jones, b Hancock	34
E. R. Bouch, b Hancock	14
A. Boosey, b Bettington	1
J. Groombridge, b Bettington	3
Extras	10
	197

Runs at the fall of each wicket:—1, 7; 2, 31; 3, 49; 4, 51; 5, 69; 6, 89; 7, 135; 8, 175; 9, 197.

GUY'S.

M. P. Jones, c Gilbert, b Tonge	16
R. B. Stamford, b Tonge	9
H. T. Hicks, b A. Boosey	34
C. J. Francis, b A. Boosey	24
E. Reid, c Hunter, b A. Boosey	2
J. H. Bettington, b Tonge	9
W. I. Hancock, b A. Boosey	60
P. R. Fitzhugh, c Bouch, b Gilbert	21
H. Hewetson, c Bouch, b Fisher	14
N. Pike, not out	2
J. J. Biggs, st Bouch, b Fisher	2
Extras	17
	210

Runs at the fall of each wicket:—1, 22; 2, 37; 3, 86; 4, 89; 5, 90; 6, 126; 7, 163; 8, 164; 9, 164.

Bowling Analysis.

	Overs.	Mdns.	Runs.	Wickets.
Bettington ...	22	2	56	3
Hancock ...	29	4	89	7
Francis ...	8	0	25	0
Reid ...	1	0	7	0

GUY'S HOSPITAL v. REPTON SCHOOL.

This match was played in fine weather on the School ground, on June 3rd and 4th, and was won by the Hospital by an innings and 47 runs, a victory greatly due to the good batting of Reid, Francis and Layman. The Hospital won the toss, and put the School in to bat first, Hewetson and Davenport starting their innings to the bowling of Bettington and Joyce. Davenport left at 15, and was followed by Busby, who, with his captain, made the stand of the innings, the score being taken up to 78 by some rapid scoring, when Busby was caught at the wicket for 35. The scoring was now very slow, Crozier came and went without scoring, and Hewitson was caught and bowled by Bettington off a bumpy ball at 83, having made 37. Of the rest, Abell and Cliff only reached double figures, and the innings closed for 122, Bettington having captured 7 wickets for 46 runs. Reid and Francis started the batting for the Hospital, to the bowling of Manly and Busby. The start was most sensational, the School total being passed without a separation having been effected. Both were batting very well, but Reid was missed in the deep field when he had made about 40 runs. At 125 Francis was very smartly stumped by Prentice; he had compiled 54 runs by very sound cricket. Layman followed in, and the scoring was still fast, Layman especially making some good hits, but at 196 he was leg before wicket to Manly, and retired for a well hit 50. Reid soon afterwards was out in the same way; he had been at the wickets for an hour and three quarters, and had scored 91 out of 221. Before stumps were drawn for the day Shorland and Bettington had both lost their wickets, the score standing at 238 for five wickets. On resuming on Saturday morning, half an hour was sufficient to see the innings closed for 269 runs, Stamford having made 17. Manly was the most successful bowler for the School, taking in all 6 wickets. The School went in again with 147 to save the single innings defeat. This they failed to make, their total only reaching 100. Hewitson again was top scorer with 27, and he was backed up by Davenport, Abell and Beasley, all of whom reached double figures; so by 3.30 the Hospital were left winners as above stated. Bettington in the two innings of the School, captured 10 wickets for 90 runs, a very good performance.

And last, but by no means least, our thanks are due to the House Masters, who so kindly entertained our eleven during our stay, and so in no small measure contributed in making our visit to Repton a most pleasant one.

Full score and analysis:—

Repton School.

J. Hewitson, c & b Bettington	37	b Joyce	27
H. J. Davenport, b Bettington	6	b Joyce	16
G. H. Busby, c Budge b Bettington	35	run out	4
W. M. Crozier, b Bettington	0	run out	5
S. S. Abell, run out	11	b Francis	15
E. H. Beasley b Francis	0	c Francis b Bettington	19
T. H. Cliff, c Stamford b Bettington	19	c Reid b Joyce	1
F. S. Prentice, b Joyce	1	b Bettington	2
J. H. Manly, c Reid, b Bettington	4	c Layman b Bettington	0
T. F. Cattley, b Bettington	0	not out	1
H. J. Bryant, not out	2	b Joyce	2
Extras	7	Extras	8
Total	122	Total	100

Guy's Hospital.

E. Reid, l b w, b Manly	91
C. J. Francis, st Prentice, b Beasley	54
S. G. Layman, l b w, b Manly	50
E. T. Shorland, c Bryant, b Busby	16
J. H. Bettington, b Manly	10
R. B. Stamford, c Hewitson b Manly	17
J. H. Joyce, l b w, b Manly	11
H. Hewetson, c Busby, b Manly	0
N. Pike, hit wicket, b Busby	3
E. Budge, not out	1
G. W. Mitchell, b Busby	2
Extras	14
	269

Bowling Analysis.

First Innings.

	Overs.	Maidens.	Runs.	Wickets.
Bettington ...	26·3	6	46	7
Joyce ...	17	4	43	1
Mitchell ...	2	0	11	0
Francis ...	7	0	15	1

Second Innings.

	Overs.	Maidens.	Runs.	Wickets.
Bettington ...	21	4	44	3
Joyce ...	28.3	11	40	4
Francis ...	10	6	7	1

APPOINTMENTS.

Goodall, E. W., M.D. Lond., has been appointed Medical Superintendent for the Eastern Hospital of the Metropolitan Asylums District.

Ingle, A. C., M.B., B.C., Cantab, M.R.C.S., has been re-appointed Medical Officer for the Third Sanitary District of the Cambridge Union.

Notice.

All Communications, Articles, Letters, Notices, and Books for Review, should be forwarded, accompanied with the name of the sender, to the Editor, GUY'S HOSPITAL GAZETTE, *Guy's Hospital, S.E.*

The annual subscription to the GAZETTE *is 6/6, post free 7/6. All financial communications, as well as subscriptions, should be sent to the Financial Editor,* Mr. C. H. WELLS, MEDICAL OFFICE, GUY'S HOSPITAL.

Any of our Subscribers, who may be desirous of having their numbers of the GAZETTE *for 1891 bound, should leave them with the Librarian as soon as possible.*

The charge for binding in blue, with the Arms of the Hospital in gold, will be ONE SHILLING *and* SIXPENCE.

Guy's Hospital Gazette,

JUNE 25, 1892.

NOTES ON A CLINICAL LECTURE, BY MR. SYMONDS, ON TWO CASES OF ENLARGED PROSTATE.

An interesting case of prostatic enlargement in a man of 71 was seen by Mr. Symonds in January, 1891. Two years earlier the first attack of retention had taken place; this was followed by complete recovery and immunity from symptoms for eighteen months, when the second attack of retention occurred; after which the patient had been obliged constantly and regularly to use the catheter. The case was pointed out as a hopeless one. The patient was confined to one room, almost to his bed, and was expected never to be able to return to his duties. These old patients often tell you they have stricture, but it is improbable that a stricture would give no trouble till so advanced an age; whereas enlarged prostates are, according to Sir Henry Thompson's statistics (derived from observations in connection with the inmates of the old Greenwich Hospital), present in one in every three men over the age of 60, and give symptoms of their presence in one in every twenty. It may be established by these facts that senile enlargement of the prostate, so far from being a change invariably or even usually present in elderly men, is an exceptional condition. But it may be further regarded as probable that a slight tendency thereto, almost, if not quite, unrecognisable during life, occurs in about one out of three individuals after 60 years, and that appreciable enlargement may be met with in one out of seven or eight at that age, and upwards. The man who escapes at 65 will be not unlikely to escape or nearly so

This patient passed all his water through a catheter, and it was frequently largely composed of pus; after standing, the pus which settled down was often two-thirds of the total quantity; but, on the other hand, the water was sometimes perfectly clear. Mr. Symonds passed a catheter and removed half a pint of urine, which was perfectly clear and inodorous. By this means the bladder was emptied; but no impression was made on a tense saccular swelling as big as a cricket ball, situated above the bladder in the hypogastric region; neither did compression of this swelling bring on the discharge of any more fluid by the catheter. This suggested the explanation that the saccular swelling which could be felt was one of those with a very small opening into the bladder, or else one that had become closed, and that the pus must come from some other sacculus which discharged its contents once or twice in the day, or every other day. Stone encysted in a saccular pouch was another explanation which was rendered less probable by the amount of the pus that was discharged. The serious feature in the case was this quantity of pus. The mere fact that micturition had to be through a catheter was not serious, as a man may often live for ten active and useful years after taking to the catheter. The absence of cystitis was strongly in his favour, as pointing to sound kidneys. In addition to this, Mr. Symonds was struck by the man's mental activity, and, what often is a very useful index of the general bodily strength, the strength

and resonance of his voice. The condition of the urine called for some interference, for the onset of cystitis when so foul a material enters the bladder from time to time, was only a question of days probably.

The various methods open for giving relief were (1) that recommended by the late Mr. McGill, of Leeds, viz: to open suprapubically, drain the bladder, and at the same time to remove a part of the prostate; (2) that suggested by Reginald Harrison. This Surgeon recommends that in the late stages of prostatic disease, the best plan is to open the bladder through the perineum, on a grooved staff, an operation which he calls "perineal puncture," and is similar to that performed by Sir H. Thompson for exploration of the bladder. At the same time, if the case demand it, and the patient is sufficiently strong, he recommends in some cases an incision through the prostate to the floor of the bladder, and in others partial removal of the prostate itself. In all cases to insert a large tube in the perineum for six weeks or more if required. Of 35 cases treated in this way, in 18 the floor was divided, or a part removed, in 17 drainage alone was effected. One case was fatal at the end of a week, 5 others died within one year, but in all these there was at the time of the operation disease of the kidneys. Of the remaining 29 it was possible to trace 19. Three of these had permanent openings in the perineum, of whom two passed the catheter by this route and were well, while the third micturated by the artificial opening, but this man had also a urethral stricture. In 16 the opening had closed, and of these 10 were independent of the catheter, 4 used the catheter as before, but without difficulty, while in the remaining two some difficulty remained. These favourable results determined Mr. Symonds to adopt the method.

On Jan. 22nd, 1891, a full-sized grooved staff was passed, and an opening made into the membranous urethra, by entering the knife one inch in front of the rectum, while the finger in the bowel guided the point. The opening was enlarged by Teale's gorget, the finger passed into the bladder and the staff removed. The prostate—particularly the lateral lobes—was found greatly enlarged. To obtain more room, it was divided with a blunt-pointed bistoury down to the floor of the bladder. Then a search was made for an opening into the sacculus without success (nor did compression empty it). An attempt was next made to drive a blunt director through the bladder-wall into the sac, and as this failed after as much force as was thought wise was employed it was for the present left, and thought probable that the pus might be derived from another sacculus. Then several large masses of the prostate were removed by ring vulsellum forceps without hæmorrhage. A large gum elastic perineal drainage tube was tied in. This tube is a special one, and must have a large bore and an outside diameter of nearly half-an-inch.

That night the patient was ill; his temperature was 102° and rising, and he had rigor in the morning. Mr. Symonds was called to see him twenty-four hours after the operation, and realized at once that the manipulations to which the closed saccule had been submitted had set up an inflammatory condition which was giving rise to pain and all the bad symptoms. Aspiration below the umbilicus was a safe procedure as the pouch was sure to be adherent to the wall of the abdomen, and when carried out set free a pint of very foul pus. On the following day an incision was made into the pouch through the abdominal wall and more pus was set free; no opening could be discovered, although the lining was evidently vesical mucous membrane. A tube was left in.

In view of the importance of getting old people up and out of bed as soon as possible, Mr. Symonds arranged in three days for this patient to be sitting up; a long soft Thompson's

tube was put in instead of a Watson's tube, and into this was fitted another rather smaller, with a tap at the end; this was tucked into his belt. In a week he was about the house; in three weeks the saccular pouch had shrunken and closed, and the wound in the abdominal wall was healed where the pouch had been. Now he is back at his business as well as ever; micturition is normal, and a catheter is passed only occasionally to make sure there is no residual urine.

This case well illustrates what may be done for in the later stages of prostatic disease. When the catheter has to be passed frequently; when the urine is unhealthy; when no relief is obtained even after the urine is but just removed; when the patient is worn out with want of sleep, &c.; then the time has arrived, if not before, when some such procedure as that described above is demanded. Mr. Symonds strongly recommended the perineal puncture as carried out in this case. It is quickly done without hæmorrhage, and is very simple. It is noteworthy that however foul the urine is, it clears in a few days after the bladder is drained. Whether it be wise at the same time to divide or to remove at the same time a portion of the prostate, must depend upon the condition of the patient. For washing out the bladder the best lotion is one containing a drachm of boric acid to a pint of water, and, if this fails to clear the urine, to use the neutral sulphate of quinine, two grains to the ounce. The operation suggested by McGill must be limited to hale men between 60 and 65. Mr. Symonds pointed out that by the perineal opening it was possible to remove the collar described by McGill, and he therefore recommended the perineal operation in preference to the suprapubic.

The other case was a first attack of retention in a man of 62. The treatment of such cases is first to try the catheter; if that fails, to resort to suprapubic aspiration, and then after twelve hours it is nearly always possible to pass the catheter. In this case the catheter failed; a soft india-rubber, No. 12, is the first that should be tried; then a condée (which may be made out of an ordinary gum elastic by dipping the tip into hot water and bending it into the right shape, and then dipping it into cold water, holding it in position), or else by inserting a stylet in the condée form into a catheter two or three sizes larger; then the bicondée; and lastly, Sir Henry Thompson's form, which is a No. 12 that has been kept for some months on a stylet of which the last nine inches or so are curved round so as to make almost a complete circle. The stylet is withdrawn only just before use. This last was not used on this occasion. Suprapubic aspiration in this instance did not have the effect on the prostate which it usually has, and the catheter could not be passed on the next day.

On the second day pain necessitated a second aspiration. The first attack of retention is nearly always recovered from, and suprapubic aspirations may be done several times with safety, so no more heroic measure was necessary. The next day the aspiration was repeated, and as no catheter could be passed a canula was inserted above the pubes for drainage. After three weeks a full-sized catheter was passed by Thompson's method above referred to. Still the suprapubic wound leaked at times, and the patient after three months was still restricted to the catheter, though it was his first attack of retention. He declined any operation, and he may still recover the power of micturition. What is the best operation to perform for retention with enlarged prostate? As most recover the first attack, the suprapubic aspiration seems the best method. If it be a second attack, or if, as in this case, it be necessary to put in a canula for more or less permanent drainage, there is the great objection to the suprapubic operation that it almost always

leaks, and, as in this case, keeps the patient miserable. The puncture by the rectum has almost been put aside, and it is most inconvenient to the patient. There is one other method, and that is to pass a trocar through the perineum, entering one inch in front of the anus and directing towards the umbilicus. This trocar is constructed like that suggested by Mr. Cock, but in addition, the handle is channelled so that the moment the bladder is entered by the trocar, the urine escapes. Mr Harrison has suggested this procedure, and in a man of 84 successfully practised it. This man lived to the age of 90, and was able to dispense altogether with the catheter, the prostate appearing to shrink. Mr. Symonds determined in the next case to employ this method. He mentioned that an old Guy's surgeon of the last century—Sharp—described and recommended this plan of relieving retention, so that it was not new, although it had been introduced recently by Mr. Harrison.

Hospital News.

IN THE WARDS.

UNDER DR. PYE-SMITH.

PHILIP 34.—Aneurysm of arch of aorta. Brassy cough. Abductor paralysis of left cord.
40.—Thickened pleura right base. Heart pulled over to right side of sternum.
29.—Loss of power left side. ? Cerebral tumour.
27.—Chronic parenchymatous nephritis. Well-marked albuminuric retinitis.
31.—Ascites. Cirrhosis.
39.—Stricture of œsophagus.
30.—Chronic parenchymatous nephritis, with well-marked albuminuric retinitis.

UNDER DR. TAYLOR.

STEPHEN 1.—Phthisis. Tubercular laryngitis.
13.—Extreme dyspnœa from syphilitic laryngitis.
12.—Stricture of œsophagus.
3.—Mitral stenosis and regurgitation. Systolic and presystolic bruits.
7.—Aortic stenosis and regurgitation, musical diastolic murmur. Secondary mitral regurgitation. Tenderness in splenic area. ? Embolism. Albuminuria.

UNDER DR. GOODHART.

PHILIP 20.—Aortic stenosis and regurgitation, very well-marked to and fro bruit. Pulsation of carotids.
17.—? G. P. I.
10.—Aortic stenosis and regurgitation. Secondary mitral regurgitation.
19.—Ichthyosis. Dilated stomach.
12.—Malignant stricture of rectum. Secondary growth in liver. Chronic intestinal obstruction. Colotomy.
18.—Pain in right lumbar region. Malignant disease. ? Carcinoma of kidney. Secondary glands in axilla and secondary growths on the ribs.
11.—Diabetes mellitus.

UNDER DR. HALE WHITE.

STEPHEN 33.—Phthisis, right apex. Well-marked physical signs.
34.—Phthisis. Albuminuria. Lardaceous kidneys.
30.—Syphilitic synovitis. Secondary papular syphilide.
23.—Gonorrhœa. Gonorrhœal synovitis and ophthalmia.
21.—Locomotor ataxy.
40.—? Ulcerative endocarditis.
39.—? Ulcerative endocarditis. Retinal hæmorrhage.

MARY 30.—Ascites, cirrhosis.
36.—Left hemiplegia. Exaggerated knee and wrist jerks. Patellar and ankle clonus.
48.—Abdominal pain. Pulsating abdominal aorta, and ? gastric ulcer.
42.—Pyrexia. Mitral systolic bruit. No joints affected. ? Endocarditis from rheumatism.
46.—Idiopathic muscular atrophy.
22.—Tonsillitis, glycosuria.
13.—Locomotor ataxy.
21.—Peripheral neuritis.
9.—Mitral stenosis and regurgitation; well marked presystolic murmur.
4.—Pain in back. Loss of power in legs. ? Cause.

CLINICAL.

MIRIAM 26.—R. P., a well-developed woman of 24, was admitted on June 6th for a tumour in the left loin. The tumour was about the size of two fists, rounded, firm, and slightly movable in all directions. It felt solid and elastic rather than fluctuating; but an indefinite fluctuation was obtained. The health was good; the urine was in every way normal. The diagnosis lay between sarcoma of the kidney and a tense hydronephrosis. A hypodermic needle was put in and fluid drawn off. It was quite clear and water-like, containing a trace of urea, no albumen, and no formed elements; specific gravity 1010. A hydronephrosis was expected.

17th.—Mr. Lane cut down on the kidney from the loin. The kidney looked healthy. An opening was made and the pelvis explored. It was found normal. In the lower and anterior part of the kidney a large cyst was found. This was opened; it contained clear fluid, and was surrounded by a shining white cyst wall, which was pulled out without much difficulty. It was, in fact, a large hydatid cyst with no daughter cysts inside it. The woman is doing excellently. The cyst wall shows a normal hydatid structure. No hooklets were found.

Reviews.

*Animal Coloration.**—This is a book which will greatly commend itself to all readers, and it should be of special interest to Guy's men, written as it is by a member of the teaching staff of the Hospital.

We think Mr. Beddard does well at the outset to make a distinction between "Animal Coloration" and "Animal Colours," and to give the former title to his work; since it is with the arrangement and distribution of colour, and not with the nature of the pigments themselves that he is mainly concerned. The title of the only other English book dealing specially with this subject (Mr. Poulton's volume in the International Scientific Series) is somewhat misleading in this respect; for, though entitled "The Colours of Animals," the latter work has even less reference to the nature of pigments than has the volume before us. But there is a further distinction made by both writers between colours and coloration, which seems to us hardly justifiable. Whatever the point of view, any discussion of these subjects must at the present time deal largely with the question of the influence of natural selection upon the development of colouring. Now Mr. Poulton is an out and out believer in the potency of this factor in the production of colour-markings, while Mr. Beddard is decidedly less so. But both agree in considering the process of *pigment production* as quite outside the action of natural selection. The pigment, in the words of Mr. Wallace, is a "normal product of organisation," and it is only when a structure is already pigmented that natural selection steps in (to a greater or less degree, according to the point of view), and converts the "non-significant" coloration into the useful one, whether "protective," "warning," attractive, or otherwise.

But, while it is quite true that the colours of physiological products may be altogether non-significant, being associated accidentally with a chemical constitution which is for other reasons convenient to the organism; yet to deny to natural selection any power of encouraging, by some modification of metabolism, the *production* of a pigment *for the sake of its colour*, seems to us to be denying altogether its influence on metabolism, and confining its sphere of action to the modification of structure. If natural selection produced the mammalian urinary organs from a cloacal type, it is certain that at the same time it encouraged the physiological production of urea (in this case for the sake of solubility), as any individual with a tendency to revert to uric acid production would tend to share the fate of the unfit. The remains of this process we are well familiar with, since such physiological atavism is still punished by gouty and other troubles.

A special case in the domain of pigments will illustrate what we mean. In the wings of certain white butterflies are found substances allied to uric acid. The pigmentary power of these substances is slight, the wing remaining little altered when they are removed. Now, in other insects belonging to the same group we find yellow, orange, and red pigments developed. But these pigments are also allied to uric acid, and very slight variations in the metabolism of the chrysalis might lead to the deposition of the white or the yellow body indifferently.

Now, if uric acid itself could function as a pigment in the wing, its deposition there would involve less effort to the organism than that of any other substance, since in all probability it is the simplest end-product of insect metabolism. The substances found in the white wings are probably only slightly more complex than this, and therefore require less effort to produce than do the yellow, which are somewhat further removed from the type of the normal end-product of metabolism. If this be so, where, in any group of these butterflies, some change of metabolism (produced originally, may be, by the direct action of the environment) has tended to the deposition of the yellow substances, there would be a likelihood of reversion sooner or later to the more economical white form, if the yellow did not become *in some sense "significant" at its first appearance*, with a tendency, therefore, to be *fixed* by natural selection.

The sole point which we wish to make is this: that, if the above considerations are just, natural selection *may be* at least as much responsible for the production of a pigment as for the subsequent arrangement of pigments, or for the development of structure. It is, of course, perfectly true, on the other hand, that coloured bodies previously existing for other purposes—the colour of which is therefore non-significant at first—may be pressed by the agency of natural selection into the service of significant coloration.

Mr. Beddard, as we have hinted, is no strong advocate for the importance of Selection in the subject he treats of; and we may say the same of his attitude towards accepted views on protective coloration, mimicry, and sexual coloration; in fact, if we have a fault to find with the book, it is that the scales are held a little too fairly, so that it is difficult to get guidance from the author's own views. His attitude is well typified, intentionally we might almost guess, in the plate which forms the frontispiece. This is entitled, "A group of protectively coloured animals"; but in it one is impressed by the abject failure of Protection, since the protectively coloured green tree-frog is carefully depicted in the jaws of a snake!

*"*Animal Coloration.*"—An account of the principal facts and theories relating to the colours and markings of animals. By Frank E. Beddard, M.A., Oxon., F.R.S.E., &c. London: Swan, Sonnenschein & Co.

On the other hand, there is no subject where facts have been so industriously forced into theories without regard to the fit, or where the sophistical art of showing that exceptions may be made to prove the rule has been so much employed. For all this, the present work is a valuable corrective.

One point the author insists upon throughout, as we think very rightly; this is the danger of judging the actions of the lower animals, and especially of invertebrates, from the standpoint of our own sense, impressions, and psychological processes.

The subject of protective mimicry is of especial interest in Mr. Beddard's hands. The concluding paragraph of this section will serve to show the attitude taken throughout the book: "Seeing then that resemblances may occur between animals, which either cannot be, or are probably not, advantageous to either, it is at least necessary to wait for more convincing proofs before it can be more than provisionally assumed that natural selection is responsible for these resemblances in other cases where they appear to us to be useful."

The book is well illustrated and extremely well printed, and we can confidently recommend it both to the student and to the popular reader. F.G.H.

GUY'S HOSPITAL DEBATING SOCIETY.

RULES.

The next meeting of the Debating Society will be held in the Chemical Theatre, on Tuesday, the 28th inst., at 1 p.m. The Provisional Committee have put themselves in communication with the Physical Society, and have drawn up the rules which are printed below, and will submit them at that meeting. Although they are subject to alterations or additions by the Committee before the meeting, the members will be able to make themselves conversant with the most important of the rules. The Secretary would be glad if any member wishing to amend any of the rules would advise him of the amendment at as early a date as possible, in order to expedite business at the meeting. It is hoped that as many men as possible will turn up, so that the Society may have the advantage of starting with a thoroughly representative Committee.

1. This Society shall be called The Guy's Hospital Debating Society; and only past or present students of Guy's shall be eligible for membership.

2. The management of the Society shall be vested in a Committee, to be elected at the Annual General Meeting, which shall be held on the same night as the last meeting of the Winter Session, consisting of a President, a Vice-President, two Secretaries (one in his first or second year, and one in a year senior to the second), three representatives of the first two years, and three representatives of the years senior to the second.

3. The subscription shall be two shillings and sixpence per annum.

4. The Society shall meet at least once a month during the Winter Session, on Saturday evenings.

5. The meeting shall commence at 7.30 p.m., and shall terminate at 9.30 p.m., unless in the opinion of the Chairman there is a general desire that it should be prolonged until 10 p.m.

6. Each member shall be permitted to introduce one visitor, who shall not take part in the discussion or division unless asked to do so by the Chairman.

7. The expression and discussion of theological views shall be absolutely prohibited.

8. Members wishing to bring forward a subject for debate must forward to the Secretary, in writing, the subject, together with the signature of a member willing to oppose him. A list of subjects thus provided with a proposer and opposer shall be kept by the Secretaries, and from that list shall be chosen at each meeting a subject for debate at the following meeting. The Committee shall have power to strike out from the list any subject which they shall consider objectionable.

9. No speeches shall be read except those of the proposer and opposer of a scientific or literary subject.

10. All speeches shall be limited to 10 minutes, except those of the proposer and opposer, who shall be allowed 20 and 15 minutes respectively.

11. No member shall be allowed to speak more than once on the same evening, except the proposer, who shall be allowed to make a reply, and shall be called upon by the Chairman at least 10 minutes before the time fixed for the termination of the debate.

12. The Secretaries shall minute the proceedings of the Society at each meeting in a minute book. This book shall be open to the inspection of any member, and it shall be competent to any member to notify any omission or mistake in the report, but no correction shall be made except by the Secretary under the ruling of the Chairman when the minutes are read at the following meeting. They shall also send a short account of each debate in time for insertion in the following issue of the GAZETTE.

13. In the absence of the President and Vice-President, a chairman shall be elected by the Committee from among their number.

14. The Chairman is the sole interpreter of the Rules and Bye-Laws, and shall decide all questions of order. He shall interpose at meetings of the Society when there is a breach of order. He shall call on any member to explain or apologise for any expression or conduct which he may consider disorderly. All explanations shall be received without question of the real intention of the speaker, but it shall be in the power of the Chairman after such explanation, to direct the speaker to withdraw the expression objected to. He may check any speaker whom he considers to be departing from the question, or to be introducing any theological matter. For any refusal to submit to his authority he shall have power to suspend the offending member for the evening.

15. The Committee shall have power to suspend or expel any member who in their judgment is guilty of misconduct, provided always that the offending member may, within seven days of the notification of his sus-

pension or expulsion, give notice of appeal to an extraordinary general meeting, which shall forthwith be summoned by the Committee, with seven days' notice.

16. All speakers shall address the chair.

17. These rules shall not be in any way altered except a majority of two-thirds of those present at the meeting are in favour of the alteration. Notice of the proposed alteration shall be handed to one of the Secretaries, in writing, at least 21 days beforehand, and it shall be posted by him in the Students' Club and in the Colonnade, and shall be sent by him to the GAZETTE in time for publication in the issue preceding the meeting at which it is proposed to make the alteration.

Correspondence.

To the Editor of GUY'S HOSPITAL GAZETTE.

SWEATING IN THE PROFESSION.

DEAR SIR,—In your last number "K." says that many patients who get advice and medicines gratis, "could afford to maintain our poorer brethren by supporting the dispensaries where doctors receive a stipend from the parish." "K." does not seem to be aware that a parish dispensary doctor (in London, at any rate), receives a handsome fixed yearly stipend, whether his patients number 500 or 5,000; so that, by sending him more patients we add to his work, but not one penny to his income. I agree with "K." that medical men are, as a rule, miserably underpaid, but I do not think "the Medical Council or the Colleges" can help us in the matter; for the evil and its remedy we must look to ourselves only; competition has done the mischief, and combination alone can repair it. Mill, in the first edition of his Political Economy, writing on competition, said, "this does not exist in the three learned professions;" and these words were true when he wrote them; would that they were true now! Fifty years ago the charges of medical men, like those of solicitors, were fixed charges—one and the same for every town in England—and they were fairly remunerative; but now, alas! if a Cambridge, Oxford, or London graduate, commencing practice, charges 1s. 6d. for advice and medicine, another soon arrives who will charge 1s., and then a third who will advise and give medicine three times for 1s., and even for 1s. per week! I have never heard that *solicitors* are such fools as to undersell one another in this fashion. And it is a very saddening and remarkable fact that this petty grocer style of competition and underselling in our profession has gone on increasing *pari passu*, with the ever increasing knowledge and attainments of students and requirements of examining boards. I can conceive no sadder spectacle than that of a graduate in Arts and Medicine in a miserable dark little shop, with a dozen common green bottles, containing the cheapest possible drugs, underselling his neighbour and fellow graduate by seeing a patient and giving him a bottle of "stuff" for fourpence. So long as men of education and science will condescend to this, "K." may look in vain to colleges and medical councils for help or reform.—I am, dear Sir, yours truly,

D. HOOPER, B.A., M.B. (Lond.)

PRESENTATION TO SIR GEORGE BUCHANAN, F.R.S.

DEAR SIR,—As you are doubtless aware, Sir George Buchanan has lately resigned the post of Medical Officer of the Local Government Board. A Committee has been formed with a view to forwarding a movement for enabling those interested in Public Health throughout the country to give expression to the high estimation in which they hold the important work which Sir George Buchanan has done and for affording some opportunity for the recognition of his conspicuous services in the cause of preventive medicine. Under these circumstances it has been decided to open a Subscription List (not to exceed two guineas from each contributor) with a view to presenting to Sir George Buchanan some permanent memento of the esteem in which he and his work are held. The Council of the Society of Medical Officers of Health has expressed a desire to be associated with the Committee in inviting you to subscribe to the Fund. We are, dear sir, faithfully yours,

J. S. BRISTOWE, Hon. Treasurer.

W. H. HAMER,* Ladywell, 69, Dartmouth Park Hill, London, N.W.
J. C. THRESH, The Limes, Chelmsford, Essex.
} Hon. Secs.

* To whom Contributions may be sent.

THE L.D.S. EXAMINATION.

DEAR SIR,—From my experience of the L.D.S. Examination of May, 1891, I can corroborate in every particular the statements made in the letter addressed to the "British Medical Journal" by the Guy's Dental Students. The candidate's "incognito" was certainly not maintained, and in that practical part of the examination which is held in the laboratory, his method of procedure was most assuredly discussed with the curator, Mr. Watts. Personally I have nothing whatever against that gentleman, he treated us with the utmost courtesy, and rendered every assistance in his power; neither do I venture to assert that his opinion carried any weight with the examiners, still the fact of its being asked remains.

All will admit that examiners have their little idiosyncrasies, which are without doubt intensified in the eyes of the examinate, who in turn is prone to alter his first impression in accordance with the pass list subsequently published.

The justice of the claim for an examining board, representing those schools which send up candidates, is so patent, that I pass it without remark. The impropriety of students being examined and passed by the Dean of their own Hospital speaks for itself.

With regard to the means taken for ventilating these grievances, I agree with you, Sir, that they are open to

criticism. Why not have addressed a memorial to the Council with whom rests the appointing of the board of examiners in dental surgery?—I am, faithfully yours,

Hampstead, N.W. MONTAGU F. HOPSON.

GUY'S HOSPITAL RIFLE ASSOCIATION.

A Meeting was held on Tuesday, June 21st, to consider the advisability of reviving the Club which used to be known under the above name. Mr. Dunn took the chair, and it was unanimously decided that the Club should be revived and continued under the slightly modified old rules. The election of officers was next gone into, with the following result:—President, Mr. Dunn; Captain, H. Luce; Secretary and Treasurer, H. Fulham-Turner. Committee—1st year, R. H. Ashburn; 2nd year, G. T. Whicher; 3rd year, J. B. Winter; 4th year, C. C. Jenkins; 5th year, S. Croneen. Non-commissioned officer, A. Scott-Turner.

A match against Dulwich College was announced, and it is hoped that this will be the first of a series of team shoots.

It is the fixed intention of the Hospital to shoot this year for the United Hospitals' Cup, and every man's help, financial or otherwise, is earnestly desired towards this laudable end.

NOTICE.

MEDICAL WARD CLERKSHIPS.

In future the appointment of Medical Ward Clerk will be for three months in the first instance, at the end of which time, in order to complete the six months' course of clinical instruction in medicine required by the Examining Boards, the holder of it must apply for renewal of the appointment, or for appointment as Clerk for three months to one of the Assistant Physicians in charge of general medical out-patients. This regulation will come into force at once, and the appointments of Medical Ward Clerk to commence duty on the 1st of July will be made in accordance with it, for three months only.

June 15th, 1892. L. E. SHAW, Acting-Dean.

PASS LIST.

UNIVERSITY OF CAMBRIDGE.

SECOND EXAMINATION FOR MEDICAL AND SURGICAL DEGREES.

PART I.

PHARMACEUTICAL CHEMISTRY.

R. J. Rowland.

PART II.

HUMAN ANATOMY AND PHYSIOLOGY.

E. E. Henderson. B. W. M. A. Key.

APPOINTMENT.

BRADBURY, J. A., M.R.C.S., has been appointed Medical Officer to the Workhouse, Wigan Union.

THE WOOLDRIDGE MEMORIAL.

The following is the final list of the subscribers to the Wooldridge Memorial Fund, which is now closed.

	£	s.	d.
Dr. Wilks	5	5	0
Dr. Pavy	5	5	0
Dr. Pye-Smith	5	5	0
Dr. Hale White	5	5	0
Mr. Golding-Bird	5	5	0
Residue of Wreath Fund, per C. H. Wells	5	15	0
Dr. E. H. Starling	5	5	0
Mr. Thomas Bryant	3	3	0
Dr. Horrocks	3	3	0
Mr. R. Clement Lucas	3	3	0
Mr. A. Kinsey Morgan	2	2	0
Mr. W. H. A. Jacobson	2	2	0
Dr. Perry	2	2	0
Dr. Brailey	2	2	0
Mr. A. R. Adams	2	2	0
"Alva"	2	2	0
Mr. J. P. Pendlebury	1	1	0
Mr. A. J. Sharp	1	1	0
Mr. N. Davies-Colley	1	1	0
Dr. Shaw	1	1	0
Mr. J. H. Gibson	1	1	0
Mr. Henry Wooldridge	1	1	0
Mr. Frank E. Beddard	1	1	0
Dr. Washbourn	1	1	0
Mr. Edward Fenny	1	1	0
Mr. A. H. Tubby	1	1	0
Mr. W. Arbuthnot Lane	1	1	0
Dr. Clifford Beale	1	1	0
Mr. C. Spurrell	1	1	0
Mr. Edward Pedley	1	1	0
Dr. Frederick Taylor	1	1	0
"Exeter"	1	1	0
Mr. H. G. Howse	1	1	0
Mr. R. J. Pye-Smith	0	10	6
Mr. G. L. Eastes	0	10	6
Mr. J. Montagu Day	0	10	6
Dr. E. Leonard Adeney	0	10	6
Mr. W. Bligh	0	10	6
Mr. John Robertson	0	10	6
Mr. F. G. Hopkins	0	10	6

The Committee have decided to place a bronze memorial in the Hall of the Anatomical buildings, near those to Dr. Fagge and Dr. Moxon, and it is hoped that the work will be completed in order that the unveiling may take place on the opening night of the Physical Society in October next.

Subscriptions not already received, should be sent to the Hon. Secretary, Mr. Guy Mackeson, as soon as possible.

A drawing of the proposed bronze will shortly appear in this GAZETTE.

RECENT PUBLICATIONS.

Semple, C. E. A. Elements of Materia Medica and Therapeutics. Crown 8vo. Longman, 10/6.

White, W. Hale. Materia Medica, Pharmacology and Therapeutics. 12mo. Churchill, 7/6.

Treves, F. The Student's Handbook of Surgical Operations. Crown 8vo. Cassell, 7/6.

Passim.

We are glad to hear that the Bishop of Rochester has consented to distribute the prizes to successful candidates on August 6th. The Bishop is one of our more recently elected Governors, and has already shewn much interest in the Hospital. We are glad to have this opportunity of welcoming him to the Medical School.

The Guy's Biennial Dinner is now once more close at hand, in fact the time for application of Stewards' tickets has already expired. We do not doubt, however, that such a lenient Hon. Secretary as Mr. Golding-Bird will find a place for anyone who has forgotten the exact date of closing.

The Dinner is evidently to be an improvement on the last one. In the first place, more aristocratic and æsthetic quarters have been engaged at the Metropole. A toast-master has been engaged who will take the onus of toast proposing from the shoulders of the guests, a condition of things much preferable to those on former occasions. A band will play during dinner, and no toasts will be given until dessert, during which there will be no music. As this dinner is especially intended for old Guy's men and Senior Students, it is hoped that as many as possible will be present.

There is already a good entry for the Fives Tournament, but there are a few men about whose names we should very much like to see added to the list at the entrance to the College. The Rules to govern this Tournament will be be found in another column, but we understand that certain points in them are to be re-discussed by the Committee of the Students' Club after the Tournament. This is a wise step on the part of the Committee, for there is room for a good deal of difference of opinion on some of these points—the difficulty arising partly from the fact that there are no generally recognised Bat-fives Rules (each School or College plays its own way), and partly from the year or more which has elapsed between the pulling down of the old Court and the completion (for at last they are finished—and look more like lasting with the new plaster) of the new, having been long enough to dim the recollection of our old ways. Would that A. T. Brown and Sidney Wacher, and Bisshoff and Freddy Beard, and poor Hawkins and others equally renowned were still with us, to help us in revising the Rules! Will not some old Fives-playing Guyite favour us with criticisms? They would be most welcome.

Sir Thomas Longmore, the late Professor of Military Surgery at Netley, and a former student at Guy's, has presented to the Museum the Clinical and experimental Thermometer used by Sir Astley Cooper in testing the temperature of the body on the human subject as well as in his experiments on the lower animals. This instrument, which was given to Sir Thomas by his friend and former teacher, Dr. Bransby Cooper, is unique in its way, and in size and shape somewhat resembles the Clinical Thermometers in use at present, only a good deal more substantial. The stem, composed of tolerably thick glass, is encased in one half of its circumference in ivory which is graduated from 30° to 140° Fah., while the bulb and lower part of the tube are of the same calibre and are without any protection. The thermometer, fitted in a substantial metal case not unlike that in present use, will prove a curious memento of a period when it was generally supposed little or no attention was paid to changes in animal temperatures. This is not the first time that Sir Thomas Longmore has contributed relics of the past to his old School, as a few years ago he presented to the Library Sir Astley Cooper's

own copy of his Manual of Surgery, containing numerous annotations in Sir Astley's own handwriting. We need hardly add that these gifts are highly prized by everyone associated with the Hospital, whose united thanks are due to Sir Thomas Longmore for his generous favours.

To see the United Hospitals' Athletic Challenge Shield on the table of the Club Smoking Room has been tonic to us all. We trust that no stickler for mere literary form will carp at the bard who celebrates the event in another column. The lines were thrown into the Editor's box in the very heat of the moment, and bards who write "with the sweat on their faces" are not to be trammelled. We have no idea who this Guy's Whitman is; but his effusion was so spontaneous that it simply refused to stay in the waste paper basket. We have, however, ventured to insert a signature.

THE dinner given to the Athletic Club by the Residents was a great success. Mr. Lucas made an excellent speech, and the performances of Messrs. Bell, Monro and the others were duly honoured. All of us echo the sentiments of the Residents.

WE are working our way towards the final tie in the Cricket Cup competition. After beating Thomas's very easily, we, this week, simply walked Bart.'s by an innings and plenty to spare; a result largely due to the excellent batting of our Captain.

MR. GOLDING-BIRD will, in all probability, preside at the *Bicycle Club* races on July 7th, at the Putney Athletic Ground.

SUPPLY and demand will now probably adjust themselves in the matter of the Medical Ward Clerkships. Excess of the latter over the former has for a long time been apt to stay the progress of hard-working students, and the GAZETTE has more than once called attention to the difficulty. We are sure the authorities have taken the best course possible under the circumstances. A notice concerning the new regulations will be found elsewhere. To those who are inclined to feel unhappy at the curtailment of the stay in the wards, we would remark that by general agreement Out-Patients' Clerking is one of the best experiences in the Hospital.

IN response to the petition lately presented by the students it has been decided that during next winter session the Saturday Clinical Lectures shall be at 1.15 instead of at 1.30 as heretofore. This is acceptable as far as it goes.

THE annual general meeting of the Students' Club will be held in the Anatomical Theatre on Tuesday, June 28th, at 4.30 p.m., with Mr. Durham in the chair. The alterations in the rules, rendered necessary by the establishment of the Union, have to be sanctioned, and three committee-men, representing those members not resident in the College, are to be elected.

IN another column will be found the rules which have been drawn up by the provisional committee of the Guy's Hospital Debating Society. A general meeting will be held on Tuesday next, the 28th inst., in the Chemical Theatre at one o'clock. At this meeting the rules will be considered and a permanent committee appointed, and it is therefore hoped that there will be a large attendance, especially of junior men.

DR. STARLING has been appointed to the Grocers' Research Studentship. We are certain that Physiological Science will greatly gain by this step.

DR. J. FAWCETT has received the appointment of Demonstrator of Physiology with Biology. We beg to tender him our sincere congratulations.

WE offer our hearty congratulations to the following: Messrs. F. J. Coleman, C. S. Pantin, G. F. Still, who are bracketted for, and divide, the Fourth Year's Prize; and to Messrs. A. J. Sharp, W. J. Johnson, D. M. Beddoe, who have been awarded certificates of honour in this examination; and also to Messrs. J. A. Howard and H. M. Stewart, who have been awarded the first and second Third Year's Prizes respectively.

APPOINTMENT LIST.

COMMENCING JULY 1st, 1892.

House Physicians.—Messrs. A. Thomas, M.B., B.S. Lond.; C. E. Salter, M.B., B.S. Lond.

House Surgeons.—Messrs. H. E. Durham, M.B., B.C. Cantab; A. T. Rake, M.B., B.S. Lond.

Assistant House Physicians.—Messrs. J. W. F. Jewell, M.B. Lond.; F. C. Young, M.B., B.C. Cantab.

Assistant House Surgeons.—Messrs. A. H. Godson, M.B., B.C. Cantab; W. Carling, M.B., B.C. Cantab.

The following appointments have been made by the Medical Council and approved by the Treasurer:—

Obstetric Residents.—Messrs. G. T. S. Sichel (July); E. E. B. Landon (August); H. B. Bolus (September).

Clinical Assistants.—Messrs. E. Huntley, C. C. Elliott, R. L. Wason, W. Bligh, J. D. Thomas, F. J. Coleman.

Dressers in the Eye Wards.—Messrs. A. M. Daldy, F. P. S. Cresswell (July) (Mr. Higgens); Messrs. F. W. Wilson, T. D. Lister (July) (Mr. Brailey).

Surgeons' Dressers.—Messrs. J. W. H. Eyre, F. H. Edwards, E. S. Tuck, E. Reid, J. J. E. Biggs, J. H. Joyce (Mr. Durham); Messrs. R. C. Kirkby, F. G. M. Philps, D. M. Beddoe, W. J. Harris, W. E. de Korté, W. H. Jewell (Mr. Howse); Messrs. S. Croneen, J. H. Compton, P. H. Hacquoil, T. D. Manning, A. L. Roper, F. G. Hopkins (Mr. Davies-Colley); Messrs. C. S. Pantin, A. J. Sharp, H. A. Munro, J. B. Leathes, G. Lawrence, G. F. Still (Mr. Lucas).

Assistant Surgeons' Dressers.—Messrs. S. Infield, N. Instone, W. C. Lawton, R. Serjeant, S. Hughes (Mr. Golding-Bird); Messrs. P. McK. C. Wilmot, C. E. Carpmael, H. A. Duffett, J. W. Sweetlove, C. L. Hopkins (Mr. Jacobson); Messrs. W. D. Macdonald, G. H. Steele, S. S. Wallis, F. A. Evison, W. C. Pitt (Mr. Symonds); Messrs. C. R. Colley, E. S. Hoare, C. M. Greenway, T. P. King, A. Miller (Mr. Lane).

Medical Ward Clerks.—Messrs. E. E. W. Roe, C. W. Moorshead, H. G. T. Major, W. J. Burroughs, E. H. Drake, A. H. Leete, A. C. Hovenden, G. S. Hovenden, G. E. Manning, R. H. Fagge, A. J. Mathison, J. C. V. Wilkins, R. D. Evans, W. W. Henson, L. C. Burrell, T. Burrow, T. M. Nicholson, F. Cowan, C. S. Bond, J. R. Steinhæuser.

Assistant Physicians' Clerks.—Messrs. E. C. B. Ibotson, E. S. Dukes (Dr. Pitt); Messrs. V. Pendred, A. J. Collis (Dr. Perry); Messrs. A. Allport, T. S. Robson (Dr. Shaw); Messrs. J. A. Howard, A. Chaning-Pearce (Dr. Washbourn).

Dental Surgeons' Dressers.—Mr. J. H. Godson (July and August); Mr. J. H. Muncaster (August and September); Mr. H. Cooper (September and October).

Dressers in the Throat Department.—Messrs. H. J. L. Wales, F. M. Turner, E. S. Dukes, A. P. Allan.

Post-Mortem Clerks.—Messrs. F. Hazell, R. H. Luce (August and September); Messrs. W. J. Johnson, E. C. Taylor (September and October).

Obstetric Ward Clerks.—Messrs. F. N. Day, A. H. Card, S. G. Floyd.

Obstetric Out-Patients' Clerks.—Messrs. J. J. Culmer, C. H. Harding (first half); Messrs. W. C. C. Park, W. Poole, H. C. Sharp (second half).

Surgical Ward Clerks.—Messrs. T. S. Biggs, H. J. F. Bourne, S. G. Graham, L. A. Parry, W. H. Peake, A. K. Matthews, W. F. Miller, C. E. Covernton, L. E. V. Every-Clayton, F. Zumbado, B. G. Reynolds, T. H. Green, C. A. Ensor, A. E. Philipps, T. M. Thomas, H. M. Wise, E. Coleman, J. G. O. Lane, F. S. Brereton, H. A. Moffat.

Assistant-Surgeons' Clerks.—Messrs. E. F. H. Hardenberg, H. M. Stewart (Mr. Jacobson); G. Jimenez, B. P. O'Neill (Mr. Symonds); J. C. Constable, F. Loud (Mr. Lane).

Clerks in the Electrical Department.—Messrs. G. L. Eastes (July); C. G. F. Morice (Aug.); J. S. Barnes (Sept.)

Clerks to the Anæsthetists.—Messrs. E. Huntley, J. R. R. Pollock, R. L. Wason, W. Bligh.

DENTAL DEPARTMENT.

APPOINTMENT LIST.

Dental House Surgeon.—Mr. H. B. Stoner.

Assistant Dental House Surgeons.—Messrs. S. R. Apthorpe, R. E. Woodcock.

Demonstrators in the Conservation Room.—Messrs. F. E. Pritchard, G. S. F. Manton, W. H. Saul, F. H. Wallis.

Curators in the Laboratory.—Messrs. W. R. Butler, J. B. Parfitt.

Gas Dressers.—Messrs. F. P. Allworth, G. Williams, C. Keay, L. G. Musgrave, C. H. Oram, W. H. Lyne (July); J. B. Parfitt, F. C. Bromley, F. E. L. Lambert, G. Whitworth (October).

Dressers in the Extraction Room.—Messrs. W. J. O. Dawson, A. Cahill, T. S. Davison, J. Pilcher, G. W. Jones, A. H. H. Huckle (July); E. Clayton, G. B. Webb, S. Harrison, W. H. Pilcher, P. F. Henry, J. W. Pare (August); E. V. Knight, F. C. Constant, F. E. L. Lambert, W. E. Hills (September); R. Thornton, F. Mühlenkamp, T. Godfrey (October).

JUNE 18th, 1892.

(By an Enthusiast).

Long may it be remembered,
June 18, "Battle Day,"
Deep may it still be written
In a jovial swinging lay.
To the valiant and the trained
We've shown a conquering right,
Bartholomew's, that erst seven years was better,
We have beaten—by the majesty of might!

Those who for this have battled,
Brave Medicals of spirit!
Men that in hope have struggled,
To them give all the merit.
For them that shall come after
Write up in letters large—
"These for the cause did spend themselves,
These did resist the charge."

We abjured our men at Walham
Not to suffer a defeat.
We did gather up at Chelsea
The agile and the fleet.
That Asahel of runners,
Light Munro (of the record),
Strong Scott, and Lowe, and Bell,
These, lithe of limb, in supple trim,
Did run and leap right well.

'Gainst the stoutest of the enemy—
To fame are known their names—
Did they wield and lift and measure them,
Did they strain their vigorous frames!
One could stand and see them speed along
To the winning post for races,
With straining muscles and panting looks,
With the sweat upon their faces.

To the enemies we've beaten
Give we a willing due.
Brave chaps!—all tried as steel,
"In train," and quick, and true.
But to the glory of our Hospital, old Guy's, sir,
We won the looked-for shield,
Which all true loyal, faithful "meds."
Would rather die than yield.

Alma Mater Hospital,
Redeemed is her honour.
Gold earnest of a passing year,
Stout emblem of a victory o'er.
Oh! hold your shield resistless, boys,
A pass to greater battles.
Dauntlessly, tenaciously,
Firmly and sagaciously—
Prepare you, ammunition fast,
That in the lists you be not last,
That on your shield no stain you cast,
Your "Dare Quam Accipere."

G. P. I.

Sport.

UNITED HOSPITALS' ATHLETIC CLUB.

The Twenty-sixth Annual Sports were held, as usual, at Stamford Bridge in dull, showery weather, with intervals of brightness, in the presence of enthusiastic supporters of the various Hospitals' representatives. Large numbers of the fair sex graced the grounds with their presence, their light dresses and charming summer hats giving a bright and gay appearance to the grand stands and surroundings. Among the company present we noticed J. H. Morgan, Esq., M.A., F.R.C.S., President of the U.H.A.C., and of the Vice-Presidents, Mr. Brailey, Dr. Wethered, Mr. Clement Lucas, Mr. Howard Marsh, and others. There were also present Dr. Hale White, Dr. and Mrs. Shaw, Dr. Pye-Smith, Dr. Savage, Messrs. Dunn, Targett, Fripp and Gill, Dr. Bryant, &c. Mrs. Symonds was also an interested spectator among the many ladies present.

It is *fourteen years* since Guy's held the United Hospitals' Athletic Challenge Shield. On that occasion, chiefly through the aid of L. Stokes, F. J. Shepherd and J. A. Fraser, we obtained a brilliant victory, winning five events. The following year, 1879, saw us a good second to St. Thomas', who carried off the Shield by four events to three. We do not figure amongst the winners again until '83, when C. D. Muspratt won the quarter; in '84 H. V. Hickman won us the mile; in '85 C. J. Prime the long jump. Another break to Jubilee Year, when W. G. Mitchell, fresh from Cambridge, was returned the winner of the hurdles and throwing the hammer. We did nothing for four years, until in '91 Munro carried off the mile and three miles, and beat previous records. This leads us to '92. "Our prospects for the possession of the Shield yet once more are of the rosiest," were the words we ventured to submit to our readers' notice on June 11th. Our expectations, based upon the result of our own sports, have been fully realised, and Guy's has once again the Shield within its walls. This most gratifying success has been brought about through the hard training, pluck and endurance which our representatives have all along observed. It is impossible to speak too highly of their splendid performances, or to over estimate the glorious victory Guy's has obtained at their hands. As Hon. Secretary, Munro has, through his unflagging energy, drawn Athletics at Guy's to the foremost place with our other institutions. His onerous duties in connection with the necessary arrangements for the success of such a meeting as the United Hospitals' Sports none the less prevented him from giving an excellent exhibition of his long distance powers. Indeed, his splendid form was one of the features of the afternoon's sport, and certainly takes rank among the best performances ever witnessed at the Hospitals' meetings. The mile was accomplished in 4 mins. 34$\frac{1}{5}$ secs., one sec. more than last year's record, while in the three miles, in addition to beating the second man, Wilde, of St. Bartholomew's, by three parts of a lap, Munro broke his record by over half a minute.

Bell, whose improvement since last year is most marked —out of twelve events he has captured nine firsts—was in grand form. After an indifferent start in the 100 yards final heat, he romped home from Barron, St. Bartholomew's, in a trifle under 10⅗ secs. In the 220 yards "Ding-Dong" forged ahead from the 50 mark, and won easily in the now record time, 22⅘ secs. B. C. Green's times for these two races were—at his *very* best —10⅘ secs. and 23 secs. respectively. In the High Jump, owing, no doubt, to the slippery state of the ground, Bell failed to equal his previous Saturday's performance by an inch, but won by *3 inches* from E. Goodhue, St. Thomas', who jumped 5ft 2½in. In the Hurdles, Lowe's success was the more creditable inasmuch as his course of training had been unavoidably short, limited, we believe, to a few *days* only. His arrival at the winning post leading by 3 yards was the signal for prolonged cheering, as it made our success almost a certainty.

Although "a novice at the art," Scott threw the Hammer in a very promising manner, and is to be congratulated on his excellent throw. Of the others, Biggs scored a popular victory in the third heat of the 100 yards, while Dudgeon struggled hard for a place in the Quarter, and experienced hard luck. Maturin ran pluckily in the Mile, and Rowland's pretty Shot Putting nearly gained him a place. In the Half-Mile, Tresidder, in whom we confess to having had hopes, failed to turn out, and his display in the Three Miles was, to say the least, disappointing.

Our opponents' form was worthy of our steel. St. Bartholomew's won three events:—

Half Mile.—This was a fine race. Hay, the holder, got off to a bad start, and being unable to pull up, was beaten by his own man, P. W. James, in the record time of 2 min. 2⅕ secs.

Throwing the Hammer and *Long Jump.*—Both these were won by J. S. Mackintosh. In the former he threw 3 feet less than last year; and beat A. P. Square by an inch in the latter.

The other events were won by—

J. W. Summerhayes (St. Mary's), who beat the holder of the Quarter Mile, W. G. Richards (St. Bartholomew's) by 4 yards.

Breton (St. George's), whose effective style of Putting the Shot earned him a well-merited victory.

The L.A.C. man, E. C. Bredin, from scratch, won a very fast 440 yards open in 51 secs.

The Officials were—*Judges:* A. F. Vollecker, Esq., M.D., H. M. Fletcher, Esq., M.B., B.S., G. R. Turner, Esq., F.R.C.S. *Referee:* A. A. Bowlby, Esq., F.R.C.S. *Clerks of the Course:* W. Kent-Hughes, Esq., J. H. Bryant, Esq., M.D., J. E. Frazer, Esq., L. E. James, Esq. *Timekeeper:* P. A. Furnival, Esq. *Starter:* S. K. Holman, Esq., L.A.C.

DETAILED ACCOUNT.

100 YARDS CHALLENGE CUP, presented by St. Thomas' Hospital.—Holder, B. C. Green, Bart's; time, 10⅖ sec. Record, B. B. Connolly, Guy's, 10⅕ sec.

Heat 1.—H. T. Bell, Guy's, first; W. N. Barron, Bart's, second. Time, 10⅘.

Heat 2.—J. W. Summerhayes, St. Mary's, first; A. P. Square, Middlesex, second. Time, 10⅖ sec.

Heat 3.—J. J. E. Biggs, Guy's, first; W. M. Woodhouse, St. George's, second. Time, 10⅘ sec.

Heat 4.—B. Blount, St. Thomas', first; G. M. Hetherington, King's, second. Time, 11⅕ sec.

Final Heat.—Bell, first; Barron, second; Summerhayes, third. Bell got off with a bad start, but drew level about half way, and won handsomely by 2 yards. Time, a shade under 10⅖ sec.

HALF MILE CHALLENGE CUP, presented by J. G. Beaney, Esq., M.D., Guy's, 1869.—Holder, A. Hay, Bart's. Time, 2 min. 4⅕ sec. Record, W. Kent-Hughes, Bart's. 2 min. 2⅓ sec.

P. W. James, Bart's, first; A. Hay, Bart's, second; E. C. Pern, St. Thomas', third; A. R. McCullagh, Charing Cross, 0; L. A. Williams, Middlesex, 0; P. S. Mould, St. Mary's, 0; F. J. Keats, Middlesex, 0. James led all the way, with Hay and Pern close up, and won easily by half a dozen yards, 10 yards separated second and third. Time for the quarter mile, 57⅕ sec.; half mile, 2 min. 2⅕ sec., thus breaking Kent-Hughes time by ⅕ sec.

PUTTING THE SHOT.—Holder, C. Rolfe, London, 34ft. 10in. Record, W. G. West, Bart's, 38ft. 3in.; M. Breton, St. George's, 33ft. 10in., first; J. S. Mackintosh, Bart's, 31ft. 11in., second; E. Bromet, St. Thomas's, 31ft. 3in, third; R. S. Rowlands, Guy's, 0.

120 YARDS HURDLE RACE.—Holder, B. C. Green, Bart's. Time, 16⅘ secs. Record, J. G. Graveley, Guy's, 16⅗ secs.

Heat 1.—P. R. Lowe, Guy's, first; J. Armsen, Middlesex, second. Time, 17⅗ secs.

Heat 2.—G. W. Thompson, St. Thomas's, first; J. H. R. Bond, St. Mary's, second. Time, 18⅕ secs. J. S. Mackintosh, Bart's, fell at the first hurdle.

Final Heat.—Lowe, first; Armson, second; Thompson fell at the last hurdle. Won, after a good race, by 3 yards. Time, 17 secs.

LONG JUMP.—Holder, B. C. Green, Bart's, 21ft. 10in. Record, B. C. Green, Bart's, distance 21ft. 10in. J. S. Mackintosh, Bart's, first, 20ft. 4½in.; A. P. Square, Middlesex, second, 20ft. 3½in.; G. W. Thompson, St. Thomas's, third, 19ft. 1in.; G. M. Hetherington, King's, 0. Bell and Lowe did not jump.

220 YARDS.—Holder, B. C. Green, Bart's. Time, 23 secs. Record, L. Stokes, Guy's; F. Little, St. George's; G. S. S. Marshall, Middlesex, 22⅘ sec. H. T. Bell, Guy's, first; J. W. Summerhayes, St. Mary's, second; W. N. Barron, Bart's, third. A fine race, Australia to the fore again, Bell winning by 4 yards, in the new record time, 22⅖ sec.

THROWING THE HAMMER.—Holder, J. S. Mackintosh, Bart's. Distance, 89ft. 11in. Record, J. E. Fraser, Bart's, 93ft. 10in. J. S. Mackintosh, holder, 84ft. 8in., first. E. N. Scott, Guy's, 83ft. 2in. second; M. Breton, St. George's, 73ft. 4in., third. A greater throw would undoubtedly have been recorded had it not been for the slippery state of the handle.

ONE MILE CHALLENGE CUP, presented by Guy's Hospital, 1870.—Holder, H. A. Munro, Guy's. Time,

4 min. 34⅕ sec. Record, H. A. Munro, 4 min. 34⅕ sec. H. A. Munro, Guy's, first; P. W. James, Bart's, second; A. E. Maturin, Guy's, 0; A. S. Barrow, Middlesex, 0. Munro led from the start, and fairly outpacing the others, won very easily by 60 yards. Time, 4 min. 35⅕ sec., 1 sec. more than the Hospital's record.

High Jump.—Holder, S. Langton, St. Mary's. Height 5ft. 5½in. Record, P. A. Pierre, Westminster, 5ft. 6½in H. T. Bell, Guy's, 5ft. 3½in., first; F. Goodhue, St. Thomas's 5ft. 2½in., second; P. R. Lowe, Guy's, 5ft. 1½in., third; S. F. Smith, Bart's, 0; H. M. Hetherington, King's, 0. Bell subsequently 5ft. 5½in. (the ground being in a very slippery state), thus equally last year's holder's jump.

440 Yards Challenge Cup, presented by G. N. Montefiore, Esq. (Guy's Hospital), 1879.—Holder, W. G. Richards, Bart's. Time, 53⅕ secs. Record, T. A. Guinness, King's, 51⅘ secs. J. W. Summerhayes, St. Mary's, first; W. G. Richards, Bart's, second; L. A. Williams, Middlesex, third; H. W. Dudgeon, Guy's, fourth; H. T. Roberts, Dental, Charing Cross, 0; E. C. Pern, St. Thomas's, 0; T. B. Marshall, St. Thomas's, 0. Richards was rather jostled at the start, and being unable to make up lost ground, was beaten, after a game effort, by the Mary's man, who won a popular victory by 4½ yards. Time, 52⅖ secs.

Three Miles Challenge Cup, presented by Messrs. Mappin & Webb, 1887.—Holder, H. A. Munro, Guy's. Time, 15 min. 47⅖ sec. Record, H. A. Munro, Guy's, 15 min. 47⅖ sec. H. A. Munro, Guy's, first; A. N. Wilde, Bart's, second; M. E. Tresidder, Guy's, 0; C. H. Nicholson, Middlesex, 0. Munro ran splendidly, his fine style being much admired, and increasing his lead from lap to lap, won by more than half a lap from Wilde, who finished second last year. Tresidder *should* have finished, but gave up after 2 miles; had he "cramp" again? Munro's times were:—¼ mile, 1 min. 9⅖ sec.; ½ mile, 2 min. 20⅗ sec.; ¾ mile, 3 min. 36⅕ sec.; 1 mile, 4 min. 54⅖ sec.; 1¼ mile, 6 min. 11⅖ sec.; 1½ mile, 7 min. 30 sec.; 1¾ mile, 8 min. 46⅕ sec.; 2 miles, 10 min. 4⅖ sec.; 2¼ miles, 11 min. 23⅖ sec.; 2½ miles, 12 min. 42⅕ sec.; 2¾ miles, 13 min. 59⅖ sec.; 3 miles, 15 min. 17⅕ sec. He thus beat his last year's record by exactly 30⅕ sec.

440 Yards, Open.—E. C. Bredin, L.A.C., scratch, first; R. H. Pollard, 40 yards start, second; W. Kent Hughes, 14 yards start, third; F. H. Bailey King, 26 yards, 0; M. Crossley-Hart, 22 yards, 0. A grand race, Bredin running through his men in grand style, and winning by four yards; half a yard between second and third. Time, 51 secs.

At the conclusion of the sports, Mrs. Richardson Cross, wife of an old King's "champion", graciously presented the medals and challenge cups to the successful competitors. Needless to add the Guy's winners received an ovation—the enthusiasm reaching to the utmost limits when Munro and Bell stepped forward to take the Shield. Long may we keep it! Hearty cheers for Mrs. Cross brought the proceedings to a close. The band of the M Division of Police, under Band-Inspector (very much), Mr. Geo. Robinson, performed an excellent programme of music during the afternoon.

CRICKET.

INTER-HOSPITAL CUP TIE.

GUY'S v. ST. THOMAS'.

This match was played at Richmond.

St. Thomas'.

G. W. Thompson, c Hicks, b Joyce	3
R. L. Storrar, c Layman, b Bettington	2
F. C. Adair Thompson, b Joyce	21
S. H. Maurice, run out	6
T. H. Yearsley, b Joyce	0
H. Knight, lbw, b Joyce	8
W. Ashford, b Hancock	36
H. Arnold, c Hancock, b Joyce	0
T. Marshall, c Fitzhugh, b Hancock	4
E. C. Pern, not out	0
H. T. Hardwick, absent	
Extras	3
	83

Runs at the fall of each wicket:—1, 2; 2, 8; 3, 29; 4, 29; 5, 34; 6, 59; 7, 68; 8, 79; 9, 83.

Guy's.

E. Reid, b Yearsley	16
C. J. Francis, c Arnold, b Yearsley	19
S. G. Layman, b Ashford	1
R. B. Stamford, b F. C. Thompson	53
E. T. Shorland, c Arnold, b Ashford	9
J. H. Bettington, c and b F. C. Thompson	32
M. P. Jones, b F. C. Thompson	0
H. T. Hicks, c F. C. Thompson, b Ashford	36
W. I. Hancock, b Yearsley	28
J. H. Joyce, b Arnold	63
R. T. Fitzhugh, not out	21
Extras	26
	304

Runs at fall of each wicket:—1, 32; 2, 39; 3, 39; 4, 54; 5, 133; 6, 133; 7, 156; 8, 198; 9, 224.

Bowling Analysis.

	Overs.	Mdns.	Runs.	Wickets.
Bettington ...	13	1	38	1
Joyce ...	16	2	32	5
Hancock ...	6	1	9	2
Francis ...	2	1	1	0

Bettington bowled one and Joyce two no balls.

GUY'S v. SURBITON.

This match was played at Surbiton, Saturday, June 11th.

Surbiton.

S. H. Beckley, c Reid b Bettington	0
H. H. Jupp, c Francis b Joyce	6
P. Castle, c Joyce b Bettington	29
R. P. Sewell, b Layman	26
F. B. Windeler, run out	0
M. Kennedy, b Joyce	3
C. O. Fawcus, b Joyce	2
E. J. Phelps, not out	72
Rev. C. P. Bailey c & b Joyce	9
Rev. A. E. Beavan, b Hancock	32
R. T. Percival, c Fitzhugh b Layman	0
Extras	19
	198

Runs at the fall of each wicket:—1, 5; 2, 43; 3, 43; 4, 46; 5, 47; 6, 52; 7, 59; 8, 156; 9, 198.

GUY'S.

E. Reid, c Windeler, b Sewell	11
J. H. Bettington, not out	100
W. I. Hancock, b Jupp	14
C. J. Francis, c and b Jupp	17
R. B. Stamford, b Sewell	12
E. T. Shorland, c and b Bailey	38
M. P. Jones, c Fawcus b Sewell	3
J. H. Joyce, not out	0
H. T. Hicks did not bat	
S. G. Layman did not bat	
R. T. Fitzhugh did not bat	
Extras	15
	210

Runs at the fall of each wicket:—1, 25; 2, 47; 3, 88; 4, 107; 5, 189; 6, 202.

BOWLING ANALYSIS.

	Overs.	Maidens.	Runs.	Wickets.
Bettington ...	25	6	72	2
Joyce ...	25	0	71	4
Hancock ...	9	1	27	1
Francis ...	1	0	5	0
Layman ...	1	0	4	2

Bettington and Joyce each bowled two no balls.

GUY'S v. BRENTWOOD.

Played at Brentwood, on Saturday, June 18th, and won by Guy's by 25 runs. Reid won the toss, and elected to go in. In the first over Reid was bowled by Cutts, after making 1. Joyce joined Bettington, and after being missed at mid-off hit well and freely, as also did Bettington. Runs continued to come freely until at 53 Bettington was bowled by a splendid ball from Couch, having made 22. Francis next joined Joyce, but did not stay long, being caught at cover after making 12. Joyce did not stay long after being joined by Shorland, being bowled by another good ball from Couch. His 45 included some very good hits on the leg side. Stamford came next, but rain stopped cricket almost directly. After lunch runs came quickly, Shorland playing very freely and hitting well, until at 141 he was caught at short slip, having knocked up 34 by good hitting. Harris, who played for Guy's for the first time, did not stay long, being bowled by Cutts. Hancock joining Stamford, runs came slowly at first, but after a few overs Hancock hit well, getting Cutts away to leg with a splendid hit. At 175 Stamford was caught at the wicket, for 30, having previously given a chance to short slip. Hicks was out leg before first ball, and Jones caught at the wicket for 4. Hancock was next out, also caught at the wicket, having played very well for his 22.

On Brentwood going in, Bettington and Harris commenced bowling. Escott was out at 9 and Hawkins at 11. Womersley and Heatley made a good stand for 23 and 37 respectively. The other wickets went down quickly until the last, when Couch and Clark made a short stand, Couch hitting well for 32, not out. Harris bowled excellently the whole innings and took six wickets, three of them being caught at short slip. Scores:—

GUY'S.

E. Reid, b Cutts	1
J. H. Bettington, b Couch	22
J. H. Joyce, b Couch	45
C. J. Francis, c Womersley, b Heatley	12
E. T. Shorland, c Courage, b Cutts	34
R. B. Stamford, c Read, b Heatley	7
— Harris, b Cutts	5
W. I. Hancock, c Womersley, b Cutts	22
H. T. Hicks, lbw, b Heatley	0
M. P. Jones, c Womersley, b Heatley	4
P. R. Fitzhugh, not out	0
Extras	10
	185

Runs at fall of each wicket:—1, 2; 2, 53; 3, 79; 4, 89; 5, 141; 6, 147; 7, 175; 8, 175; 9, 185.

BRENTWOOD.

C. H. Escott, c Shorland, b Harris	5
D. Womersley, c Joyce, b Harris	23
E. L. Hawkins, c and b Harris	2
A. E. Heatley, c Fitzhugh, b Joyce	37
J. J. Read, c Joyce, b Harris	19
Cutts, c Hancock, b Joyce	9
Dr. T. Pawlett, b Joyce	1
W. Pearce, c Joyce, b Harris	4
F. Couch, not out	32
R. Courage, b Harris	1
J. Clarke, b Bettington	8
Byes	17
	160

Runs at fall of each wicket:—1, 9; 2, 11; 3, 61; 4, 91; 5, 95; 6, 105; 7, 112; 8, 120; 9, 126.

BOWLING ANALYSIS.

	Overs.	Mdns.	Runs.	Wickets.
Bettington ...	8	0	30	1
Harris... ...	20	4	52	6
Joyce ...	27	6	58	3

Harris and Joyce each bowled one no ball.

UNITED HOSPITALS v. SURREY CLUB AND GROUND.

Played on the Oval, on Friday, June 17th, and resulting in a draw in favour of the Hospitals.

Five Guy's men were chosen to play for the United, and all acquitted themselves creditably, Reid especially playing very good cricket for his 42. Score:—

UNITED HOSPITALS.

E. Reid, c Marshall, b Montezeuma	42
C. W. Wilson, c Street, b Cornish	3
F. J. Dixon, st Marshall, b Osman	63
C. J. Francis, c Hyslop, b Osman	28
J. H. Bettington, c Hallam, b Street	13
J. F. Fernie, c Thompson, b Hallam	23
R. B. Stamford, not out	39
G. A. Coulby, not out	40
E. G. Sworder did not bat.	
F. C. A. Thompson did not bat.	
J. H. Joyce did not bat.	
Extras	13
Total	264

SURREY CLUB AND GROUND.

W. T. Graburn, b Dixon	20
Ayres, c Joyce, b Dixon	5
Thompson, b Dixon	20
Street, b Dixon	35
L. De Montezeuma, b Dixon	13
Milbourn, l b w, b Dixon	19
Dr. Hyslop, not out	27
Marshall, not out	19
Hallam did not bat.	
H. H. Cornish did not bat.	
Osman did not bat.	
Extras	13
Total	171

PAVY GYMNASIUM.

The Annual General Meeting was held on Friday, June 17th, in the Gymnasium, Mr. Allport in the chair. Mr. Brereton presented the annual report and balance sheet, which was unanimously adopted. The following gentlemen were elected as officers for the ensuing season: *President*, Dr. Pavy; *Committee*, Messrs. W. Bligh, F. S. Brereton, B. G. Reynolds; *Hon. Sec. and Treasurer*, Mr. H. J. Spon.

Votes of thanks to Mr. Brereton for his work as secretary, and to Mr. Allport for presiding, brought the meeting to a close.

FIVES TOURNAMENT.

A tournament will be played under the auspices of the Students' Club, on Tuesday, June 28th, and following days. Entries to Messrs. R. H. Fagge and H. C. Sharp, close on Monday, June 27th. Entrance 1/-. An umpire will be appointed for each match, and his decision will be guided by the following

RULES:—

1. The game to be 15 up.
2. At 14 all sett, 3 shall be played.
3. The player who first wins 2 games to win the match.
4. The server being at game ball he shall not score the final point through a faulty first return by the striker-out.
5. Each return that fails to cross the middle line before it pitches shall be counted a let.
6. The striker-out shall not be obliged to take any particular service.
7. The service pitching within the 6ft. line or outside the court shall be a let, and two consecutive lets shall put the server out.
8. A ball shall be out and count against the striker:—
   (*a*) If it pitches on the ground outside the court.
   (*b*) If it strikes the wire on its way to the front wall or full pitch on its way from the front wall.
   (*c*) If it hits the front wall above the plaster.
   (*d*) If it pitches on the top of the low side walls and falls against the wire or out of court.

GUY'S HOSPITAL SWIMMING CLUB.

This club has now been permanently formed, and a committee constituted as follows:—A. D. Fripp, Esq., President; A. H. Tubby, Esq., Vice-President; and Messrs. Allport, Cooper, Brereton, Spon, Scott, and Collins (Hon. Sec.) have been elected. The Whitechapel Baths, Aldgate, has been made the club's headquarters, and it is proposed to meet there on Tuesdays and Fridays at 4.30 for water polo. An Inter-Hospital Club has also been formed, and a subscription list has been opened for an Inter-Hospital Water Polo Cup. It is hoped, as Guy's has promised £5 5s. towards the purchase of the cup, that all interested in the club will subscribe. Members of the committee will be glad to receive subscriptions immediately.

GUY'S HOSPITAL BICYCLE CLUB.

On Thursday, July 7th, at the Putney Athletic Ground, the following events will be decided:—

1 MILE SCRATCH RACE. 5 MILE HANDICAP RACE.

F. H. Simpson, Esq., has presented a "Sport and Play" medal, which will be awarded as first prize in the five mile race. All intending competitors (who must be members of the Club), should send in their names at once (entries close on July 1st.), to the Secretary. Dr. J. W. Washbourn has kindly consented to act as judge. In addition, a 50 mile road race will be held on Thursday, July 21st, entries for which close July 14th. For other particulars, apply to G. L. Eastes, Hon. Sec.

Births.

ADENEY.—On June 3rd, at 3, Mount Sion, Tunbridge Wells, the wife of E. Leonard Adeney, M.D. Lond., of a daughter (Armorel).

ROBERTS.—On June 17th, at The Beeches, Lowestoft, the wife of Reginald Roberts, B.A., M.B., B.C. Cantab., of a son.

WILLIAMS.—On June 12th, at London Road, St. Leonards-on-Sea, the wife of Arthur Williams, M.A., M.B., of a son.

Marriages.

HOWELL—HART.—On June 4th, at St. Leonard's Church, Streatham, Thomas Arthur Ives Howell, L.R.C.P. Lond., M.R.C.S. Eng., of Cleeve House, Wandsworth, eldest son of Thomas Symonds Howell, of the Old Vicarage, Wandsworth, to Frances Elizabeth Margaret, widow of William Hamilton Hart, M.R.C.S. Eng., and elder daughter of E. P. Berthon, of Portswood, Southampton.

SCOTT—GRAY.—On June 8th, at St. Saviour's, Paddington, by the Rev. Marshall Tweddell, M.A., William Jermans Scott, M.B., eldest son of the late William Scott, M.D., of Odiham, Hants, to Muriel Agnes, eldest daughter of the late F. B. Gray, Esq., and of Mrs. Gray, of 22, St. Charles Square, North Kensington, W.

Notice.

All Communications, Articles, Letters, Notices, and Books for Review, should be forwarded, accompanied with the name of the sender, to the Editor, GUY'S HOSPITAL GAZETTE, *Guy's Hospital, S.E.*

The annual subscription to the GAZETTE *is 6/6, post free 7/6. All financial communications, as well as subscriptions, should be sent to the Financial Editor,* MR. C. H. WELLS, MEDICAL OFFICE, GUY'S HOSPITAL.

Any of our Subscribers, who may be desirous of having their numbers of the GAZETTE *for 1891 bound, should leave them with the Librarian as soon as possible.*

The charge for binding in blue, with the Arms of the Hospital in gold, will be ONE SHILLING *and* SIXPENCE.

Guy's Hospital Gazette,

JULY 9, 1892.

EDITORIAL.

We have ventured to make a new departure and come out on Wednesday. Lest we should shock the more conservative of our readers we hasten to assure them that it is for this time only.

At the same time we don't mind confessing that our reason for this unwonted change is a purely commercial one. We want old Guy's men, more especially those who are not among our subscribers, to see that while all around is improvement and progress, the GAZETTE is not behind the times.

And the improvement and the progress are very manifest. There is reform in the Club, which is now "a temple of luxury and ease" (and chicory). There is now no longer occasion for men to hang about the draughty colonnade. The new School Buildings attest activity in one direction, the new Fives Courts in another, and the extensive drainage operations at the back of the Hospital is a third. Phyllis tells us there are three new buckets in the Surgery, and the process has extended from the "bathmen" who officiate in the Theatre to the Orpheus who whistles in the lift.

More than this. We can point to the eminently flourishing condition of all the Societies in the Hospital. Through the winter the average attendance at the Physical reached the satisfactory total of over 50.

Every Saturday evening during the coming winter there will be something doing in the Club. On alternate evenings there will be a meeting of the Physical, a meeting of the Debating Society, a Smoking Concert, and a Clinical Evening.

Turning to Athletics, we can once more point in proud possession to the Shield. We have acquired what good judges assert will be one of the finest cricket grounds in London, and which is but twelve minutes' ride from London Bridge. We have again won the Cricket Cup, and only just lost the Rugby Cup, the blue ribbon of Inter-Hospital competitions, by a try to nothing. We have developed a taste for paper-chasing, and an odd-shaped flagon in the Smoking Room reminds us of another well-earned victory over Bart.'s. Just as we go to press we hear that we have retained the Tennis Cup for another year.

Now we don't boast when we say that all this could not have been done save for one thing, a feeling of good fellowship and *ésprit de corps*, a feeling which marks the truth of the old adage, whatever Mr. Gladstone may say to the contrary, "Union is Strength."

And the one reward we can hope for in conducting a journal such as this, is the thought that we are doing something to foster this spirit and keep alive the sacred flame of patriotism.

Surely, then, it is right that Guy's men, who in the present have shown themselves so mindful of their trust, should look for encouragement from the men of former years. That such encouragement is given we are the first to recognise, and every day brings fresh proof of it. But it might be, without question, greater.

We feel that this GAZETTE offers a true and tangible bond of sympathy between the present and the past, and we confess that we shall not

rest satisfied till every Guy's man in the country is on our subscription list. We all like to think that Guy's is strong and prosperous, and to every old student in the country there can be no more direct method of demonstrating his pride in her prosperity.

TWO CASES OF DENTAL ABNORMALITY.

I.

A Case of an Abnormal sized Incisor, coupled with a Supplemental Tooth.

Fred. D., æt. 23, presented himself at the Dental Out-Patients to have some decayed teeth treated, when I noticed the very large size of his left upper incisor, quite three-eighths of an inch across; further examination on the other side of the jaw revealed a somewhat caniniform supplemental, evidently arising from the complete dichotomy of the very large papilla of the right upper central incisor. As the lateral incisor and canine of each side were present, and normal, it seems quite rational to assign it to number one of the series. The tooth was twisted in position, so that the distal angle look directly backwards instead of outwards.

As a model has been taken, this very interesting case can be seen in the Dental Museum.

II.

A Case of a Tooth Erupted at Birth.

A case occurred at the Dental Out-Patients last week of a lower left central incisor being erupted at birth.

The tooth was quite in the developmental condition, only the cutting surface of the crown being calcified, the main body of the dentine papilla being outlined, but quite vascular and uncalcified. The tooth was merely laying on the gum, being held by a shred of connective tissue only. There was a distinct history of syphilis, the mother's first child aborting at about three months, and her second being still-born. There was also a rash of a specific nature, but no "snuffles."

The child was about six weeks old when advice was sought.

The treatment in these cases is usually removal, but firm teeth may be covered with a shield to protect the nipple.

FRED. W. TA'BOIS.

DEMONSTRATIONS ON ANÆSTHETICS, BY DR. SILK.

No. II.—ETHER AND "GAS AND ETHER."

	Liquid.	Vapour.				
	B. P.	Sp. gr.	Saturation per centage at 40°	60°	80°	Strength required.
Nitrous Oxide	...	1·5	...	...	...	Pure.
Ether	95°	2·5	27	46	71	Over 30 %
Chloroform ...	142°	4·2	6	12	26	Under 4 %
A. C. E. ...	95°	2·9	...	...	...	Under 12 %

First of all, let me take you back to this table, from which you will see that Ether has a boiling point of 95° F., that is, rather under the normal body temperature, and that its vapour is more than twice as heavy as air. As the temperature is raised the amount of vapour given off increases, and, of course, the reverse holds equally good, so that as evaporation reduces the temperature, the amount of Ether given off is always a diminishing quantity, unless, means be taken to retain the heat. In the third column I have endeavoured to indicate the relative anæsthetic strength of Ether by saying that it is necessary to give over 30 per cent. of the vapour in order to ensure the proper induction of the narcosis, but with regard to this third column, I would make this reservation, viz., that it is essentially relative rather than absolute, and refers to the induction rather than the maintenance of anæsthesia.

You will now see and be able to appreciate the practical problems which present themselves when we desire to adopt Ether as an anæsthetic. These problems I take to be the following, viz.—1. To present the vapour in a sufficiently concentrated form and at the same time to admit enough air to maintain vitality. 2. To maintain an equable rate of evaporation of the vapour. 3. To be able to regulate the supply of vapour. By the so-called "open method" you cannot in this simple way present the vapour in sufficient strength; the rate of evaporation is unequal, and you cannot, therefore, in any way regulate the supply. The next step then is to enclose the evaporating surface in a jacket of impermeable material, and, on an emergency, you can make an ether-inhaler of a sort by means of a piece of brown paper folded sugar-cone-wise round a piece of sponge, this semi-open method of Ether administration is still much favoured by some, but the amount of vapour presented to the patient is quite beyond control, and in fact is usually far in excess

of that required, so much so, that we are in the habit of saying that by this method the anæsthetisation of a patient is partly a matter of asphyxia, and only partly due to the Ether itself.

The next step is the use of a bag, in and out of which the patient breathes. Now, the action of this bag is much misunderstood, it does *not* serve to warm the air, in fact the air from the bag must be several degrees colder than that obtained from the surrounding atmosphere; but the object of the bag is rather to maintain the strength of the vapour supplied, and to prevent it being dissipated into the surrounding atmosphere. During the first few respirations the bag becomes charged with a very high percentage of vapour, something like 80 or 90 per cent.; but the rapid evaporation of the Ether lowers the temperature enormously, and consequently the rate of evaporation itself falls, and unless we could draw upon some reserve store, the strength of the vapour inhaled would quickly fall far below that necessary to maintain anæsthesia.

Probably the simplest form of bag-inhaler is that known as Ormsby's, after a well-known, and I believe still living, Dublin surgeon, who devised it, and a diagramatic view of which I have here—

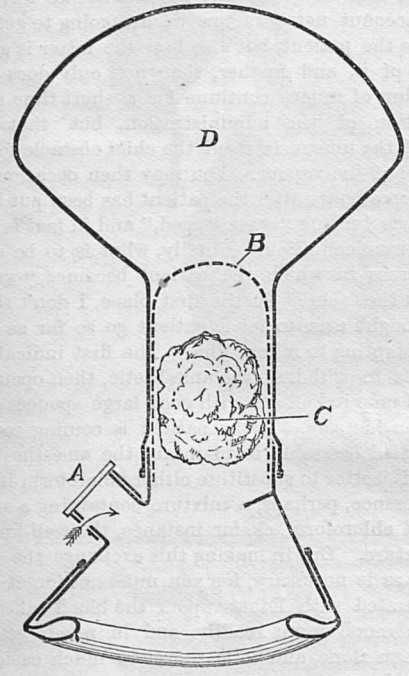


Fig. 1.—SECTIONAL VIEW OF ORMSBY'S INHALER.

A, Air-hole; B, wire cage containing sponge, C, over which is placed the rubber bag, D.—*From the Transactions of the Odontological Society.*

A more scientific, and, I think myself, a better inhaler of this class is that known as Clover's Inhaler, or more correctly, Clover's Small or Portable Inhaler, for the late Mr. Clover first designed a much larger instrument, and merely embodied in this smaller form, for the sake of convenience, the main principles of his more perfect apparatus.

Figs. 2, 3, 4 and 5, Diagrams of Clover's Small Ether Inhaler, will be published with Dr. Silk's next Demonstration.

Now, as to the actual administration, and first of all as to the position of the patient. Of course, the recumbent position is much to be preferred, especially if the operation is at all likely to be a prolonged one; but, on the other hand, it is not absolutely essential, and under favourable conditions I have maintained Ether narcosis for upwards of an hour with the patient in an ordinary arm-chair, and that too without the slightest anxiety or difficulty of any sort. But then you must be pretty sure of your favourable conditions, by which I mean more particularly, whether or no the patient is a good subject for the use of ether. This is a point in deciding which the experience and judgment of the Anæsthetist comes in, and, anyway, it hardly comes within the scope of these demonstrations; but I think that the fact that Ether can be so used is an advantage that is often overlooked when the relative value of the several anæsthetics is being discussed.

With regard to the Ormsby's inhaler, the way you use it is this: The sponge is placed in its cage, and the inhaler is then placed upon the patient's face, quite empty, for the space of two or three respirations, this gives the patient confidence and to my mind is an important part of the proceedings. About a drachm of ether is then poured upon the sponge, and, very gradually this time, the face-piece is again applied, taking care that spasm of the glottis is not induced; and it is easier to talk about avoiding this spasm than to be able to ensure it in practice, especially with this particular form of apparatus, with which it is so difficult to control or regulate in any way the amount of vapour presented to the patient. After some half-a-dozen respirations or so, when the patient has become thoroughly used to the vapour, another two or three drachms may be added, and when the stage of excitement supervenes it is as well to add another half-ounce. Complete anæsthesia should be obtained in from 5 to 8 minutes.

To obtain the best results with Clover's apparatus you proceed in the following way: A measured quantity (two ounces) is poured into the Ether chamber, which is then fitted to the whistle-ended tube and face-piece, and the index is accurately adjusted so as to point to the 0; the whole is then applied to the face of the patient. If your apparatus is in good order only the remotest flavour of ether should now be detected, and the patient will gain confidence by having the apparatus thus applied. The bag is then inflated through the angle tube by the Anæsthetist himself, and quickly slipped into the further end of the chamber; allowing a few more respirations to take place, you now watch for an expiratory movement, and during that movement you turn the Ether chamber very slightly round, and you repeat this movement at first with every

alternate expiration, and subsequently with each expiration until the index points to 1, which means, of course, that one quarter of the air inhaled from the bag at each inspiration passes over the Ether in the way I have already explained. After this point has been reached, the movements of the chamber may be bolder and you rapidly reach the mark 2, *i.e*, half the air inhaled from the bag at each inspiration passes over the Ether. In the majority of instances it is sufficient to keep the index at this mark until the narcosis is produced, which should be in from 4 to 6 minutes. In a certain number of cases, however, robust and more or less alcoholic men, for instance, in whom the stage of excitement is often exaggerated, it is necessary to go on increasing the strength of the vapour until the index points to the three or even to the full; but even in these cases, when once narcosis is induced it is as well to return as quickly as possible to the half, and it is seldom if ever advisable in any case to maintain the strength at three or full. When the anæsthesia has once been induced, the patient's head is turned well to one side (and you should get into the habit of choosing the side opposite to that on which the operation is being performed) and a good deal of the extra flow of mucous and saliva which the Ether vapour excites will then run out at the angle of the mouth. As to the subsequent management of an ordinary case, you must first of all see that the patient obtains a proper amount of air. This you can do by lifting the face-piece at every third or fourth respiration, or I prefer to have a small hole bored in the angle-tube of the bag, and then, as the air leaks out, to keep the bag well distended from the patient's own breath by moving the face-piece gently off and on the face with each inspiration and expiration. This movement requires a little knack and close attention; but close attention is the faculty which above all others the anæsthetist should cultivate assiduously.

I do not propose to discuss the ordinary symptoms to-day, either clinically or physiologically, but prefer rather to pass at once to the difficulties with which you are most likely to meet.

First on the list of such difficulties is the spasm of the glottis that occasionally ensues directly the Ether is inhaled, however gently the vapour be introduced, or it may come on in consequence of the strength of the vapour being increased too suddenly or too rapidly; it is of course associated with more or less lividity and asphyxia, and maybe with considerable excitement and struggling. Here let me warn you not to mistake for spasm of the glottis, cases of asphyxia pure and simple, due to some defect in the apparatus itself. If the tube is too small, or if, as has been known to occur, it has become blocked, or if in any way the supply of air is insufficient, symptoms of asphyxia rapidly supervene, or partial asphyxia associated with much spasm. But, speaking now of those cases in which the asphyxia is due to glottidean spasm, the first thing to be done, of course, is to diminish the strength of the vapour; if the spasm is what I may term a primary spasm, beginning, that is, with the first whiff of Ether, you must commence all your manœuvres over again, turning the index back to 0 and taking off the bag; if the spasm occurs later on in the process, when, say, you have worked the index up to 1, you must at once turn back to rather less than ½ and start afresh from that point. Then, again, you must take care to turn the index back each time you recharge the chamber. The ordinary struggling, of course, you will deal with by gentle restraint, and by rapidly pushing the anæsthetic, and I may perhaps say in passing, that in restraining a struggling patient, you must be careful not to press heavily either on the chest or the abdomen; the best way is to seize hold of the large joints, such as the shoulders, the elbows, the hips, and the knees, and pin them firmly to the table; this you can do with surprisingly little force, and the patient soon comes under control.

The next trouble is the breathing itself, which may in some cases become obstructed very rapidly by the excessive flow of mucus; much of this mucus will be got rid of by keeping the head well to one side, or even if need be by turning the patient bodily over on to his side. Again, to patients who secrete mucus very rapidly, a proportionately larger amount of air should be allowed, and you must not forget, as is too often done, that in giving any anæsthetic we have to take into account, not only how we are going to get the vapour into the patient, but also how the latter is going to get rid of it, and further, that not only does this excessive flow of mucus continue for a short time after the cessation of the administration, but that the presence of the mucus is itself the chief obstacle to the elimination of the vapour. You may then occasionally find that some hours after the patient has been put back to bed he has become "waterlogged," and in fact is in a very dangerous condition. Finally, what is to be done in those cases in which the patient becomes "waterlogged" on the table? In the first place, I don't think that you ought ever to let a patient go so far as this before attempting to relieve him. The first indication, of course, is to withdraw the anæsthetic, then open the mouth and mop it well out with good large sponges and turn him on his side. If the patient is coming round, and it is still desirable to maintain the anæsthesia, I believe it is better to substitute either chloroform itself, or by preference, perhaps, a mixture containing a small quantity of chloroform, as, for instance, the well-known A.C.E. mixture. But in making this exchange the very greatest care is necessary, for you must not forget that when saturated with Ether-vapour the blood takes up chloroform much more readily, and in much greater quantity than alone, and it is therefore much easier to give an overdose.

Cardiac failure due to the use of Ether is, I believe, extremely rare, and does not require any special form of treatment.

Whether or no the various troubles to which I have alluded are inseparable to the drug itself, or whether they are wholly or partly due to faulty methods of administration, are points upon which I would not here

express an opinion; but, at any rate, I think that our efforts should be directed first of all towards improving our methods, before deciding absolutely against the drug itself.

Now, much of the discomfort of the induction may be obviated by the preliminary use of Nitrous Oxide, which, as you know, is pleasant to the taste, and produces anæsthesia in a remarkably short time—two very important advantages. But, on the other hand, the administration of these two substances, Nitrous Oxide and Ether, is conducted upon two totally different principles: for whereas Nitrous Oxide must be given absolutely pure, and is therefore almost of necessity associated with a certain amount of asphyxia, or oxygen starvation, only thirty per cent. of Ether vapour is required, and we try to avoid asphyxial symptoms as much as possible, and it is just in the endeavour to combine these principles that the difficulty arises.

What may be termed "the primitive method" of attaining these objects is what I would call "the substitution plan." The patient is first of all anæsthetised with Nitrous Oxide in the manner and with the apparatus I have described in a former demonstration;

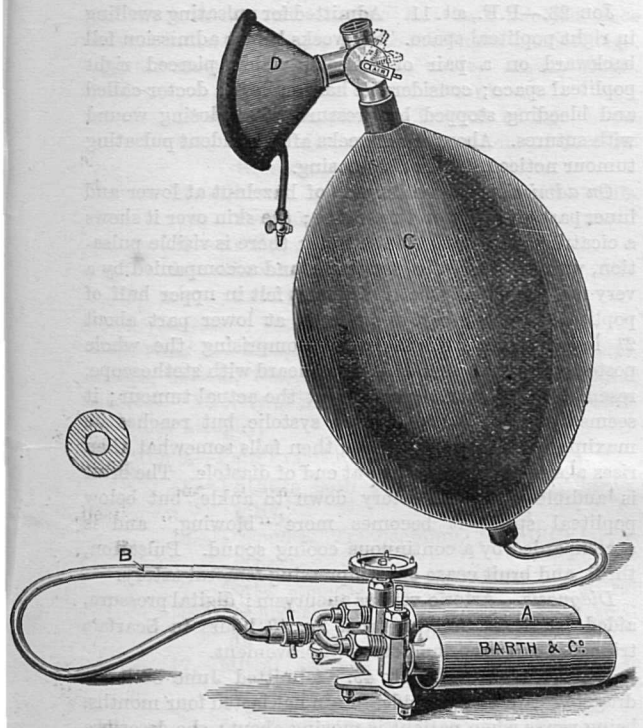


Fig. 6.—APPARATUS FOR THE ADMINISTRATION OF NITROUS OXIDE.

A, Gas bottles; B, conducting tube, a section of which is represented above; C, reservoir bag; D, face-piece.—*From Silk's Manual of Nitrous Oxide Anæsthesia.*

then, by a rapid movement on the part of the administrator, a fully charged Ether apparatus is substituted, and the necessary amount of ether is administered. This plan, as you may readily imagine, requires considerable skill and constant practice, and is now-a-days but seldom adopted. More usually some form of apparatus made especially for the purpose is employed. Of these the best, and certainly the most elaborate, is that known as Clover's Large Inhaler. This is a beautiful instrument, but it is rather expensive, more especially as it is very liable to get out of order if not kept in pretty constant use: but, when once you have mastered its mysteries, the results you can get with it are highly satisfactory. The next step was to get a working adaptation of Clover's small or portable Ether chamber. This you can do in a way by simply having a small stopcock fitted to the angle-tube of the bag, so as to connect the latter with the gas bottles, and having the face-piece fitted with an expiratory valve which can be shut off when required. This, of course, is a clumsy arrangement, inasmuch as you cannot control the supply of the gas. A better plan is to take a three-way tube and bag (Fig. 6), such as is used for gas alone, and fit it on to the top of the Ether chamber in the place of the ordinary Ether bag. This is what has been done in the apparatus which we are now using in this Hospital. There is a slight difference in the internal arrangement of the Ether chamber itself, but the principle is the same.

Now, as to the use of these instruments, and the actual methods of administration. In the first place, you want to make the period of induction more pleasant to the patient, and to get rid of the stage of excitement and struggling; then you want to avoid any tendency to glottidean spasm, and also, if you can, to shorten the period of induction. All this you can do if you set about it in the right way. Proceeding then first of all as if you were going to give Ether alone, you substitute a bag full of gas for a bag full of air, you allow two or three respirations of pure gas and then commence to turn on the ether, at first quite as gradually as if you were giving air alone, but after another four or five respirations, much more boldly and much more fully, so that in a very short time you reach the point marked three or even full. Keeping the inhaler at this figure, you may then cast off the connection with the gas bottles altogether so that a little air is drawn into the bag, or you may wait for the earliest signs of Nitrous Oxide narcosis, *i.e.*, twitching or stertor, when you must at once empty the bag of any gas it may still contain, give the patient a whiff or two of air, and then regulate your proceedings precisely as though you were giving Ether alone. By this means you ought to be able to induce full Ether narcosis in but little over two minutes, and often in much less, and that too with much less discomfort to all concerned. Very often the surgeon or even the administrator himself may be a little alarmed at the degree of lividity induced, but this is due simply to the Nitrous Oxide, and is quite different to the lividity of asphyxia pure and simple, and need not alarm you, the patient's natural colour will be quickly restored as air is supplied to him; otherwise, the symptoms, the difficulties and the dangers are precisely

those of Nitrous Oxide and of Ether, respectively. This all sounds very easy, but I can assure you that it requires a considerable amount of practice, and at first you may be inclined to give up the method as not worth the trouble it takes, but with a little perseverance I fancy that you will come to the conclusion that it is a very satisfactory plan.

Hospital News.

IN THE WARDS.

UNDER MR. HOWSE.

CHARITY 6.—Carcinoma mammæ. Excised. Twenty-one days after operation blood and blood casts in urine. All carbolic dressings at once omitted, but urine did not clear for nine days.

CHARITY 8.—Cystic sarcoma of breast. Excision.

CHARITY 10.—Alveolar abscess. Rachitis.

CHARITY 14.—Hard inflammatory induration of breast. Three weeks' history. Sinus discharging close to areolar edge, leading to very small abscess cavity. Suckling first child. Mr. Howse diagnosed gumma, after incision was made. Liq. hydr. perchlor. ♏ lxxx. Condition now. Wound granulating and healing. Induration subsiding.

CHARITY 17.—Hand deformed by cicatricial contraction after a crush in a mangle. Thumb tightly adherent to palm of hand. Fingers flexed and immobile. Sensation normal. Thumb released by division of the cicatricial bands. Fingers improved by passive movement.

NAAMAN 1.—Genu valgum. Brush maker, æt. 17. Onset of deformity recent. Osteotomy proposed.

NAAMAN 4.—Myxo-Sarcoma of thigh.

NAAMAN 6.—Fistulæ. (*a*) A simple anal fistula which was laid open, (*b*) communicated anteriorly with urethra in which there was a slight stricture. Posteriorly a probe could be passed into the bowel. Externally this fistula opened in a mass of granulations at junction of the scrotum with the perineum. This fistula was freely laid open as far back as the sphincter ani; this muscle was not divided, because Mr. Howse feared that permanent incontinence of fæces might result from such a large incision. It will be treated when the anterior part of the wound has healed. Stricture dilated.

NAAMAN 7 [Gold Medal Case].—Masses of glands in neck; spleen enlarged; liver normal; glands in axillæ, not in groin. Chest normal. Blood. History of years of gradual enlargement with some intermissions in summer time. Diagnosis: ? tubercular, ? Hodgkin's disease. Operation: removal of some of the glands, all of which were caseating.

NAAMAN 9.—Tubercular testicles. Left testis removed on January 12th, 1892. On June 13th was again admitted for great enlargement of the right gland, the inflammation in which was very acute. History: Pain came on suddenly only one week previously. Right vesicula enlarged and tender (this had not been so in January). Castration on June 24th. The greater part of the gland and epididymis was filled with caseating nodules. All the tunics were adherent.

NAAMAN 11.—Syme's external urethrotomy, for acute retention, due to stricture.

NAAMAN 12.—Rectal growth (mentioned in GAZETTE of May 14th); very little change; legs gradually becoming flexed on to abdomen, probably owing to pressure of tumour on nerve plexuses. No urinary trouble now. Regular motions through colotomy anus.

NAAMAN 15.—Cock's perineal section, for impermeable stricture.

NAAMAN 17.—Amputation through thigh, after excision of knee for tubercular disease. At time of excision a favourable result was considered doubtful. Since the amputation there has been marked improvement in general condition.

NAAMAN 18.—Hypospadias. Urethral orifice at junction of penis and scrotum. Penis permanently arched by congenital shortness of corpus spongiosum. This is chief evil, and most difficult to correct.

UNDER MR. LUCAS.

JOB 23.—P.F., æt. 11. Admitted for pulsating swelling in right popliteal space. Six weeks before admission fell backward on a pair of scissors, which pierced right popliteal space; considerable hæmorrhage; doctor called and bleeding stopped by pressure, after closing wound with sutures. About three weeks after accident pulsating tumour noticed, but not increasing.

On admission.—Swelling size of hazelnut at lower and inner part of right popliteal space; the skin over it shows a cicatrix $\frac{3}{4}$ inch long, $\frac{1}{8}$ inch wide; there is visible pulsation, which is felt to be expansile, and accompanied by a very marked thrill; the thrill is not felt in upper half of popliteal space, but over an area at lower part about $2\frac{1}{2}$ inches long, and in width comprising the whole posterior aspect. A loud bruit is heard with stethoscope, resembling the roar of thunder at the actual tumour; it seems to be diastolic as well as systolic, but reaches its maximum intensity in systole, then falls somewhat, then rises again, then falls again at end of diastole. The bruit is audible over the artery down to ankle, but below popliteal space it becomes more "blowing," and is accompanied by a continuous cooing sound. Pulsation, thrill, and bruit cease on compressing femoral artery.

Diagnosis.—Arterio-venous aneurysm; digital pressure, aided by heavy weight, tried for 48 hours in Scarfa's triangle; not even temporary improvement.

LYDIA 13.—H. D., æt. 49. Admitted June 30th for dragging pain in right side. Pain has lasted four months, being worse when patient is moving about; she describes it as dull and dragging; it has never been acute. Patient is married and has had 10 children; abdomen very flaccid; has never had any tendency to corpulency; says she can feel something moving about when she walks, and describes it as similar to the sensation of "carrying," but as if the child's head had become displaced. Pain lately has been sufficient to incapacitate her for work.

On palpation of right side of abdomen, movable, more or less reniform, tumour felt, which can be pushed almost under the ribs, or downwards almost into iliac fossa; it feels larger than normal kidney, ? hydronephrotic. There has been some morning sickness; no urinary trouble; no history of renal colic.

Under Mr. Davies-Colley.

Accident 1.—Transverse fracture of left patella from a horse-kick. Mr. Colley adopted the method of uniting the fragments advocated by Berkley. A small incision was made in the middle line immediately above and below the patella into the joint. A stout silk ligature was then passed under both fragments, and the lower end of the ligature was brought up over the front surface of the fragments, between them and the superficial structures, to meet the upper end of the ligature; the two ends were then tied firmly together, thus bringing the fragments into apposition, and cut short in the upper wound.

Under Dr. Pye-Smith.

Philip 30.—Rigidity of both arms and legs. Spasm of facial muscles. Exaggerated reflexes. Athetosis. The patient is a boy, æt. 11, who has been affected since birth, condition probably due to meningial hæmorrhage.

Philip 34.—Aneurysm of arch of aorta. Brassy cough. Paralysis of left vocal cord.

29.—Left hemiplegia. Tremor of left hand. Optic discs slightly swollen. ? Cerebral tumour.

27.—Chronic parenchymatous nephritis. Albuminuric retinitis.

39.—Ascites. Cirrhosis of liver.

24. Chronic parenchymatous nephritis. Albuminuric retinitis.

Under Dr. Taylor.

Stephen 4.—Atrophy of muscles of both arms, biceps, triceps, deltoid, &c., also of pectorales and scapular muscles. Atrophy of muscles of hand, &c. Idiopathic muscular atrophy.

Stephen 9.—Pain in left lumbar region. Oxaluria.

1.—Phthisis both sides. Tubercular laryngitis.

13.—Dyspnœa. Tracheotomy. Syphilitic laryngitis.

7.—Aortic stenosis and regurgitation. Mitral regurgitation. Aortic diastolic, musical in character.

17.—Mitral stenosis and regurgitation. Tricuspid regurgitation.

Under Dr. Goodhart.

Philip 15.—Typhoid.

17.—Cardiac.

1.—Right facial paralysis. Left pleuritic effusion. Heart displaced to the right.

18.—Aortic stenosis and regurgitation. Pericarditis.

9.—Fæcal vomiting. Gastro-colic fistula.

8.—Plumbism. Hallucinations.

6.—Aortic stenosis and mitral regurgitation.

19.—Icthyosis. Dilated stomach.

12.—Malignant stricture of rectum. Secondary growth in liver. Colotomy.

Under Dr. Hale White.

Stephen 28.—Acute rheumatism. Mitral stenosis and regurgitation. Well-marked presystolic murmur.

33.—Phthisis. Right apex.

34.—Phthisis. Lardaceous kidneys.

30.—Syphilitic arthritis. Secondary papular syphilide.

23.—Gonorrhœa. Synovitis and ophthalmia.

21.—Locomotor ataxy.

39.—? Ulcerative endocarditis. Extreme anæmia. Retinal hæmorrhage. Right eye.

40.—? Ulcerative endocarditis. Pleurisy. Right base.

Mary 26.—Typhoid.

29.—Mitral stenosis and regurgitation. Tricuspid regurgitation. General anasarca.

32.—Hæmatemesis. Bright's disease.

28.—Sciatica.

37.—Ascites. Cirrhosis.

46.—Idiopathic muscular atrophy.

23.—Abdominal pain. ? Cause.

13.—Locomotor ataxy.

21.—Peripheral neuritis.

11.—Psoriasis.

52.—Rigidity of arms and legs. Increased reflexes. Athetosis (patient æt. 6) probably from meningeal hæmorrhage at birth.

9.—Mitral stenosis and regurgitation.

A CASE OF DISTRESS.

We are asked to call attention to a case of distress. In January last year a working man died in the Hospital from the results of injuries caused by the fall of a mass of frozen sand. His wife died in confinement three weeks before. Eight children were left behind, the eldest 15 years old, the youngest four weeks. The club money was soon exhausted, but a committee was formed, the case was advertised, and subscriptions were received by the Chaplain amounting to over £60, and this is expected to last for a short time longer. But then the committee are obliged to look to a repetition of the generosity and charity which has enabled them to meet the requirements of the case up to the present. All but two of the orphans have been provided for permanently; but these two must be supported by the committee till they are able to support themselves. The Chaplain, who is on the committee, will be very glad to receive subscriptions from any of our readers who are willing to help. The balance-sheet of the fund is on view in the office of the Gazette.

THE BIENNIAL DINNER.

Mr. Howse will take the chair to-night at yet another of these pleasant gatherings, which bring old Guy's men together from all parts of the country, and do so much to keep alive their interest in their old School. The earliest record of these dinners is in the shape of a green ticket which announces "The Guy's Hospital Anniversary Dinner, 22nd February, 1842, Thomas Callaway, Esq., in the chair." Dr. Lever was the Hon. Secretary on that occasion, but of all the Stewards, 56 in number, of those who were connected with the Staff of the Hospital only three remain, namely, Mr. John Birkett, Mr. Cock, and Dr. Oldham.

Mr. Cock and Dr. Oldham still figure in the Stewards' list, and that list to-day contains many names of the descendants of those who dined together at the "Albion" half-a-century ago.

About 1860 the dinner became biennial, and on that occasion Dr. Oldham was in the chair, and Mr. Bryant fulfilled the post of Hon. Secretary; and at the preliminary meeting a minute was framed to the effect that "A book be obtained in which the record of future Guy's Hospital Biennial Festivals be preserved by the Secretary, with a short account of past meetings as far as the materials will allow." Since 1860 there is in this book an unbroken record of all matters pertaining to these dinners, which, from 1870 to 1884, were held in Willis' Rooms.

Since 1884 these dinners have been held at the Holborn, but to-night, for the first time, the meeting is at the Métropole, when Mr. Howse will preside over some 220 past and present Guy's men. This number is fully up to the average, the very largest attendance being in 1872 when the numbers reached a total of 289.

As we remarked some few weeks ago, under the able guidance of Mr. Golding-Bird, arrangements will be made to keep the dinner a little better in hand than it was on the last occasion—when the want of a toast-master was severely felt.

A band will play "appropriate" music during the dinner and between the toasts (what is appropriate to lobster salad?), and the Chairman will receive the company between 6 and 6.30 in the Whitehall Rooms.

The Toast List will be found below:—

"The Queen"; proposed by the Chairman.

"The Army, Navy and Reserve Forces"; proposed by the Chairman, responded to by Surgeon-Captain Spong.

"Prosperity to Guy's"; proposed by Dr. Pye-Smith, responded to by the Treasurer.

"Prosperity to the Medical and Surgical School attached to Guy's Hospital"; proposed by the Chairman, responded to by Mr. Lucas.

"The Consulting Staff"; proposed by Mr. Davies-Colley, responded to by Dr. Wilks and Dr. Pavy.

"The Givers of Prizes"; proposed by Dr. Goodhart, and responded to.

"Past and Present Students of Guy's Hospital"; proposed by Mr. Durham, responded to by Dr. John Gulton, Mr. Meadows Turner, H.P., Mr. Herbert Durham, H.S.

"The Chairman"; proposed by Dr. Frederick Taylor.

OUR ILLUSTRATIONS.

THE NEW FIVES COURTS.

We have endeavoured to produce this week an Illustration of one of the new Fives Courts in the Park. The new Fives Courts—as we remarked sometime back—are modelled as far as possible after the fashion of the old ones, which gave so much good sport to the men of former years. We need hardly say that the game is, as of yore, extensively patronised, and the long list of competitors in the coming Fives Tournament points to the zeal with which this branch of athletics is taken up.

MR. H. T. S. BELL.

The performances of Mr. Bell are still fresh in the memory of our readers. He has brought us back the Shield after many years' absence, and by his herculean efforts (we suppose Hercules had pace) he very nearly secured us possession of the Rugby Cup. Very few Guy's men will easily forget his play in the Final Cup Tie of this year. Mr. Bell improves every time he runs, and among athletes is very near the top of the tree. We wish him every success in the Championship.

MR. H. G. HOWSE.

By kind permission we have been enabled to give our readers a characteristic portrait of the gentleman who will take the chair at the Biennial Dinner to-night. We feel sure that it will be greatly valued by our subscribers, and act at the same time as a souvenir of what needs must be a very successful gathering.

At the same time we have published an instantaneous photograph of Mr. Howse and his late House-Surgeon, Mr. Charles Spurrell.

Mr. Spurrell has not left us, and we shall feel his presence, more especially during the coming winter, when his fine voice forms, we might almost say, the nucleus of all our smoking concerts.

PASS LIST.

OXFORD UNIVERSITY.

2ND M.B.

E. H. Cartwright.

1ST M.B.

ANATOMY AND PHYSIOLOGY.

W. E. Robinson.

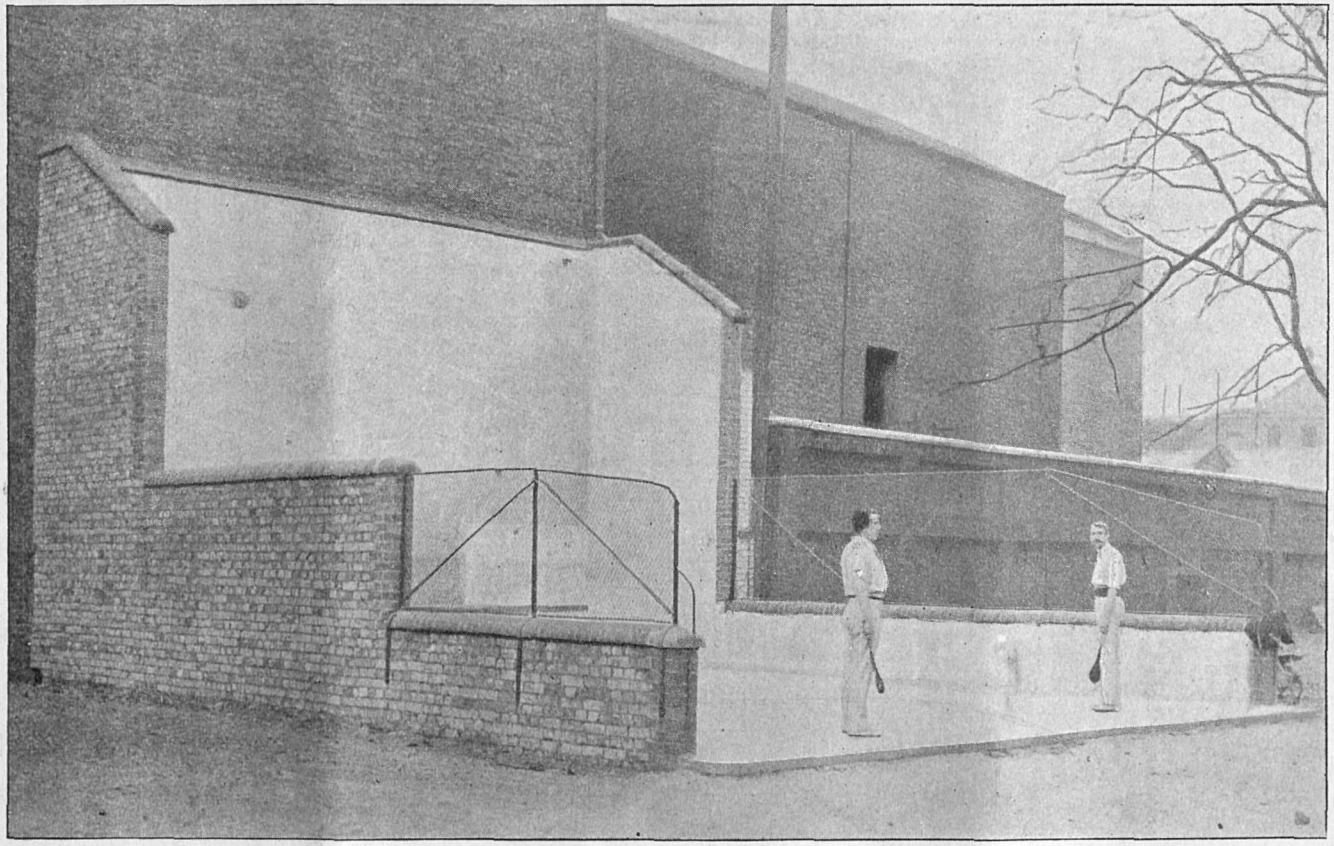
ORGANIC CHEMISTY.

W. E. Robinson. R. O. Moon.

MATERIA MEDICA AND PHARMACY.

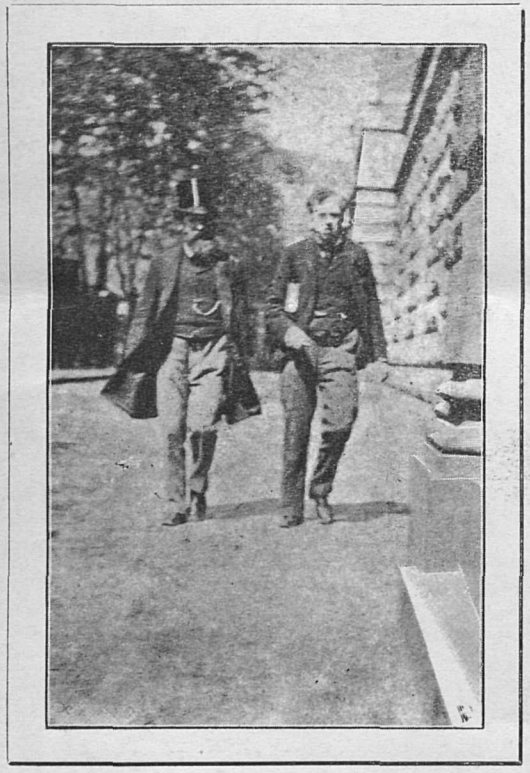
H. Cooper. R. O. Moon.

J. B. Leathes.

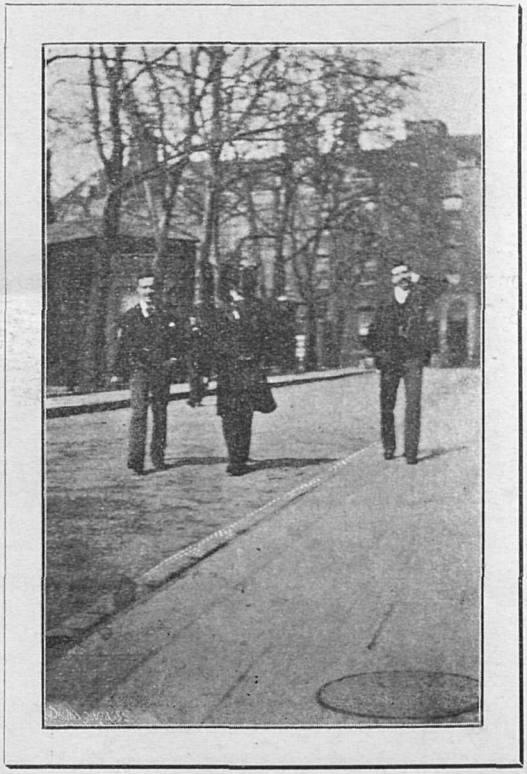


ONE OF THE NEW FIVES COURTS.

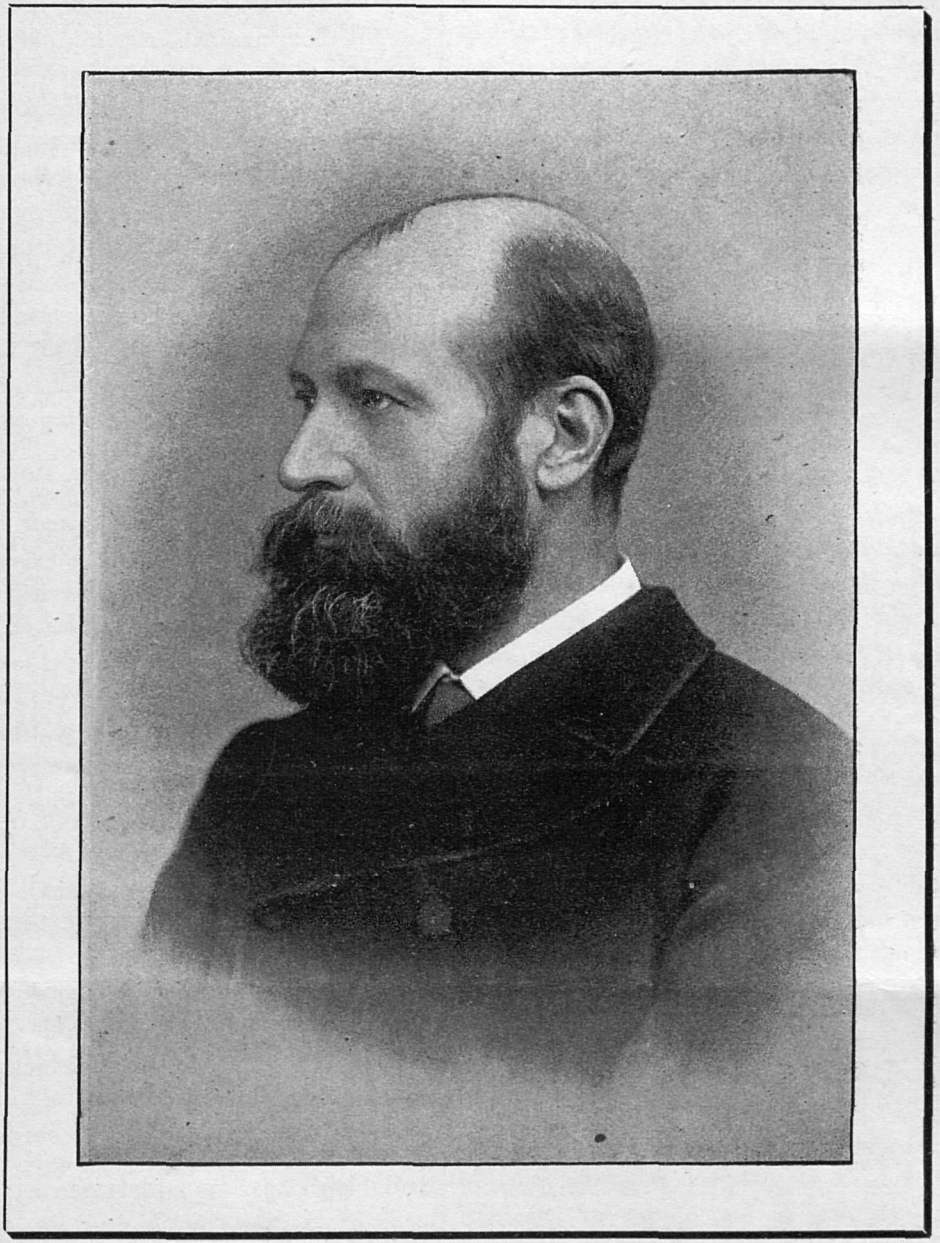
Mr. H. T. S. Bell.



"A Windy Day."



An Instantaneous Photograph.



MR. H. G. HOWSE.

Passim.

Most of our readers will be familiar enough with the careers of the two distinguished Churchmen who are honouring Guy's Hospital with their presence to-day; but it will not be out of place briefly to refer to them here. Randall Thomas Davidson is a son of Trinity College, Oxon. He graduated in 1871, and received his M.A. degree in 1873. He is an Hon. D.D. of St. Andrew's. From 1874 to 1877 he was Curate of Dartford, becoming in 1881 Examining Chaplain to the Bishop of Durham, and later Domestic Chaplain to Archbishop Tait. In 1883 he was made Dean of Windsor, attaining his present exalted position as Bishop of Rochester in 1890, being one of the youngest Bishops on the Bench. Bishop Davidson is a Scotchman, being the son of a merchant at Leith. He married, as all the world remembers, a daughter of Archbishop Tait. He was elected a Governor of Guy's last year, and we are glad to think that the Hospital and its distinguished Governor will to-day have the opportunity of becoming better acquainted.

Dr. H. W. Yeatman, Bishop Suffragan of Southwark, was educated at Winchester and Emmanuel College, Cambridge. He was formerly Chaplain to Bishop Moberly, of Salisbury, and was Vicar of St. Bartholomew's, Sydenham, from 1879 to 1891, when he accepted the duties of Suffragan Bishop. He was very popular in Sydenham, and gathered round him a host of workers in furtherance of the cause of the Church.

Hardly has our elation over the shield died away, when we are called on again to congratulate the cricket team on retaining the cup for yet another year. Only once since 1884 has the cricket cup left us, and on that occasion we were victorious, but inadvertently played an unqualified man.

We publish a portrait of Mr. Bell in this issue. We only wish we could have secured one of Mr. Munro, but he is such a difficult man to catch, that we gave him up in despair. At one time he is securing the Scotch championship at Dundee, at another cutting records at Stamford Bridge, anon he is chasing paper at Raynes Park; while the English championships are at present engaging his attention. But we'll have him by-and-bye.

For the seventh year in succession the morning offertory at St. Andrew's Church, Stoke Newington, was given direct to Guy's on Hospital Sunday, the amount this year being £75 17s.

Mr. Lucas's "dems." around the Surgery fire have become a recognised institution, and many rising surgeons were distressed when they were knocked on the head by the advent of the painter and decorator. Flesh and blood, however, can't stand paint and whitewash, even when the college is but two weeks distant.

Phyllis says, "Never no more painting where she is." And not only Phyllis, but all of us will be glad to find the painters out of the Surgery. One small boy, who had been waiting some time to be attended to, was found on examination to have been stuck to the seat by recent varnish for two hours-and-a-half, and was only moved by copious applications of hot boracic.

Not only the Surgery, but the old rooms are in process of repair, much to the disgust of the unfortunate dressers for the week. We trust that the opportunity will be taken to put a noiseless spring on the door that leads to the Surgery; to supply one or two decent arm chairs, and to stuff the sofa with a little horsehair.

Before the days of the Clubs' Union the irritation caused by constant demands for "oof" was, we are afraid, a sad stumbling block to

our private charity. However, the times are changed, and we trust that the deserving case which the Chaplain has so kindly taken up will not go unsupported by Guy's men.

OUR attention was called the other day to the fountains in the Inner Temple, and a remark was made whether something of the same kind could not be done with our fountain in the Park. The fountain in the Temple forms one of the most picturesque objects within the two-mile radius, and surely the expense of re-modelling our fountain on the same lines would not be excessive, and would worthily repay the outlay.

THERE is no doubt that the House-Physicians fully appreciate each other's good qualities. At the going-off night on Thursday, our only Doctor alluded to one very keen gentleman as a man who "When heaven and earth had passed away I picture him travelling through space with an ophthalmoscope looking for an eye."

THE Externs' sitting-room, which has been closed for certain necessary alterations and repairs, is now opened under entirely new management. The improvised divan in the corner of their room was well worth a visit, if only as illustrating the eccentricities of genius.

A VERY interesting and withal cheap way of spending a Continental holiday is the scheme devised by the "Highbury Tourist Club." The Club leaves London on Wednesday, the 27th of July, for a three weeks' tour in Switzerland. A very elaborate programme has been arranged and may be seen in the GAZETTE Office. The charge, including travelling and hotel expenses, is but twelve guineas.

MRS. SHAW has kindly consented to present the prizes to the winners of the bicycle races on Thursday afternoon. There are only two events to be decided, and the meeting will be a very short one; but we sincerely trust that all Guy's men interested in cycling will turn up at the Putney Grounds.

THE proposed "Clubs' Union" blazer is at present exciting much attention in artistic circles. We would suggest a combination which, from practical experience, we know to be very effective, viz., a central dark blue stripe an inch broad, on either side of this a narrow stripe of deep orange, on either side of this two white stripes an inch broad, and so on. The *tout ensemble* is very effective, the white giving exactly the required relief to the orange and blue.

WE would remind gentlemen in the Extraction Room that it is usual to extend the privileges of private patients to ladies connected with the Nursing Staff of the Hospital.

GUY'S HOSPITAL DEBATING SOCIETY.

A General Meeting of the above Society was held in the Chemical Theatre on Tuesday, 28th ult. Mr. Fripp took the chair. The rules, which had been drawn up by the provisional Committee were considered and passed with a few slight alterations. The most important of these were, that there should be two Vice-Presidents; that the Secretaries should act as Treasurers; and that the subscriptions be payable in advance. One rule was inserted, "That no present Student of Guy's Hospital shall be admitted as a visitor more than once in the session." After the rules had been passed the provisional Committee resigned, and the following were elected as the permanent Committee: — President, Dr. Pavy. Vice-Presidents, Mr. Fripp, Dr. Washbourn. Secretaries, Mr. Parry (Sen.), Mr. Pakes (Jun.). Committee, Messrs. Mackeson, Hopkins, Handley (Sen.); Coleman, Stoner, Salter (Jun.). After a very hearty vote of thanks to Mr. Fripp for the trouble and interest he has taken in the formation of the Society, the meeting terminated.

OUR GUIDE BOOK.

As there are to-day probably a number of visitors about and strangers to Guy's, the following few directions may be found of interest.

On entering the gates the visitor will be struck with the smoke-clad statue of the founder in the middle of the square. It has no special merit, except in so far as it forms the nucleus of the "annual festival" on New Year's Eve.

On the right is the Chapel, on the left the Court Room.

The Chapel contains a very fine monument to Guy, which was washed five years ago; and the Court Room a few fine portraits.

On ascending the steps the visitor is advised to bear to the right, pass the Superintendent's Office, to the Library.

This handsome apartment contains numerous valuable books of reference; among others an original edition of Astley Cooper's lectures, with annotations in his own hand. Attention should be directed to the "dripping well," also to three soft felt hats on a shelf near the window, and a pair of pre-historic white flannel trousers in the further corner.

On emerging from the gloom of the Library the visitor should pass directly to the left to the Surgery and the old "Rooms." Here he will find numerous "objects of interest." Among many, especial mention should be made of the windows, the antique furniture, Phyllis, and the tobacco jar. If he has a moment to spare, the visitor will not regret a few minutes' conversation with the local "tale-pitcher," who will be found on duty in the Surgery.

Passing through the Colonnade and down the steps, the visitor cannot fail to be struck with the elegant building on his left hand. This is the College.

Here will be found three or four challenge cups and the Shield. Attention will be drawn to the smell from the kitchen. On asking for tea the visitor will be supplied with an unusual beverage and one or two fac-similes of an historic ginger-bread nut—the original is said to be in the possession of Mr. John Young.

The Museums contain wax models of world-famed interest. The lay visitor, however, should direct his attention to the arm, for which £5,000 is said to have been refused. He may also be interested in the latest acquisition, Sir Astley's clinical thermometer, and in the ever-green Mr. Betts.

A CASE OF DOUBLE DEAFNESS COMING ON SUDDENLY—A DOUBTFUL SEQUELA OF INFLUENZA.

(Communicated by Dr. T. R. Atkinson, being an account of an illness suffered by himself.)

Previous history good, no serious illness; slight feeling of giddiness and tendency to reel, for about a fortnight preceding December 27th, 1891, on the morning of which day I awoke, rose, and had my bath as usual, when all at once I turned giddy, vomited, then lay down on the bed to find that I had lost all, or nearly all, hearing in the right ear, accompanied by a surging, rushing tinnitus.

In the course of the week the giddiness and nausea departed, and at the end of a week's rest I was able to go up to London to consult a medical man.

I was told that it was a case of labyrinthine effusion. Pot. brom., pot. iod., mercury, salicylate of soda, quinine, strychnine and arsenic were among the remedies recommended. After a fortnight of rest I returned to work, and went on well till one morning, some three weeks after, I awoke to find I saw double, and this diplopia with blurring of vision continued all day, but passed off at night.

Hearing slightly improved, and I continued at work, feeling well till the last week in March, when certain nervous symptoms began to show themselves. They were chiefly a feeling of dread, with low spirits, a most unpleasant but not painful sensation starting from the epigastrium and spreading thence all over the body, and a numbness, or feeling as if asleep, in the thumbs and fingers of both hands. I put myself on bark and nitro-hydrochloric acid, and began to improve. During this time there was slight pyrexia up to 100° occasionally, and one night to 101°, with pulse up to 90 and 100 beats. No pain at any time. Appetite good and sleep normal.

On the morning of April 5th, 1892, just after returning from the bathroom, and whilst dressing, suddenly occurred a repetition of the doings of December 27th.

Giddiness, sickness, deafness, in the left ear this time, and tinnitus all at once manifested themselves.

I was now left in a condition of almost total deafness, not being able to hear the baby crying in the room.

In the course of a fortnight the nausea and giddiness departed, and I was able again to go up to London and consult the authorities. Before doing so, however, I gave Pilocarpine a three weeks' trial, as recommended by Mr. Field in the *British Medical Journal* of April 2nd.

No drug has seemed to exert any distinct influence upon the deafness, although I have tried pot. brom., pot. iod., sod. iod., mercury, pilocarpine, salicylate of of soda, hydrobromic acid, and strychnine. Most of the authorities incline to the theory of effusion into internal ear, but two feel convinced that it is a neuritic following a mild attack of influenza.

I am still very deaf, but worse on the left side. Can hear tuning fork when close to ears, but not on vortex or mastoids. I still occasionally get the numb sensation in fingers and thumbs, but otherwise am in perfect health. Can anyone advise me as to prognosis or treatment.

Sherborne.

CHRONIC LEAD-POISONING—PERIPHERAL NEURITIS—GRANULAR KIDNEY URÆMIA—DEATH.

E.S., a painter, aged 52 years, married, complains of twitching and jumping of limbs.

Family history.—Father was a painter; died, aged 52, of acute mania (? from lead-poisoning). Mother died, aged 73, from heart disease. He has three brothers living, all painters; all have had lead-colic. Another brother, also a painter, died, aged 31, from some affection of the kidneys (? chronic interstitial nephritis from lead-poisoning).

The present patient has been a painter for the last 37 years, has enjoyed good health for the most part, but has had three or four separate attacks of lead-colic, and has also had drop-wrist for some two or three years. Lately he has been very temperate, but in his younger days he drank heavily.

History of present attack.—He was at work on April 30th of this year, but his work was done under difficulties, as he was very weak and could scarcely walk.

On May 1st he felt very ill, and took to his bed. I saw him the same day; he lay in a languid state, his complexion was sallow, gums with a well-marked blue line, pupils equal and contracted, reacting both to light and accommodation. (An ophthalmoscopic examination was unfortunately postponed till too late.) No headache; bowels open.

Marked weakness of both wrists, wrists and feet dropped, anæsthesia of hands, arms and feet, tenderness of the calf-muscles of the legs; can distinguish between heat and cold; much ataxia of the hands. Wasting of the interossei and small muscles of the thumb and little finger. He complained of a feeling of numbness in the hands and feet and of cramp in the calves. Knee-jerks and plantar reflex absent.

Urine scanty, much albumen. Sp. gr. not obtainable. He was ordered to keep in bed. Farinaceous diet, lemon drink, and the Mist. Pot. Iod. (G.H.P.)

He continued in much the same state till May 6th, when he had a fit, epileptic in character, his tongue being severely bitten. The fit was followed by coma, which lasted five or six hours. He remained conscious for two or three hours, and then had another fit. He was ordered a steam-bath, and soon regained consciousness.

On May 7th he was better, but necessarily weak. His tongue was very swollen, and he took milk with much difficulty. His tongue and mouth were frequently painted throughout the day with Glycerinum Acidi Borici, and this was of much benefit.

On May 8th he had another fit in the night, and his tongue was so swollen that he was unable to take any nourishment by the mouth, so he was ordered zyminised suppositories 4tis horis. He was passing but little urine (and that in his bed, so one could not examine it), and his pulse being strong a hypodermic injection of pilocarpine gr. $\frac{1}{3}$ was given. This produced much sweating, without any corresponding depression.

On May 9th he had another fit, which was followed by coma, and death about two hours after.

The striking feature about the case to me is the rapidity with which the fatal issue ensued. The man had been regularly and constantly at work, within less than ten days of his death; and, when first seeing him, though one recognized he was very ill, yet I by no means expected the very rapid fatal ending, and was inclined to regard him as likely to be a chronic case of multiple neuritis.

C. R. G. S.

STUDENTS' CLUB.—GENERAL MEETING.

The annual general meeting of the Students' Club was held in the Chemical Theatre on Tuesday, June 28th, at 4.30 p.m.

The President, Mr. Durham, after reading the minutes of the last general meeting, gave a short account of the advance made in the past year, in which he particularly congratulated the Club on the establishment of the Union, the adornment of their rooms with the Inter-Hospital Shield and four challenge cups, the increased popularity of the College Library and the Pavy Gymnasium, for which two instructors had been engaged throughout the winter session, the establishment of electrical communication between the staff-board in the colonnade and the indicator in the Club, and the success which had attended the smoking concerts and Physical Society meetings, for which the Club had lent its rooms—a success which he had every reason to hope would also extend to the New Debating Society, who, he understood, were about to apply for the loan of the smoking room on the one remaining spare Saturday evening in each month of the winter session.

The alterations and additions to the Rules and Bye-laws, recommended by the Committee, were carried *nem. con.* The Secretary announced that Messrs. R. H. Fagge and H. C. Sharp had been chosen to represent on the Committee the members resident in the College, and the meeting then proceeded to the election of three representatives of those members of the Club who do not rent rooms in College. Messrs. Allport, Skinner, James, Bligh, Stoner, E. N. Scott, and Hopkins were duly proposed and seconded, and a ballot being taken, Messrs. Hopkins, Skinner and Scott were chosen. Mr. Bligh was elected Auditor. The Committee therefore consists now of—President, Mr. Durham; Treasurer, Mr. Symonds; Hon. Sec., Mr. Fripp; Drs. Hale White, Shaw, Washbourn; Messrs. Skinner, Sharp, Fagge, Hopkins, Scott.

Mr. Pakes called the attention of the meeting to the wilful damage that was often inflicted on the property of the Club, particularly the newspapers and chairs and small tables, by some of the members, a charge which was supported by Dr. Samways, Mr. Wakefield, and Mr. Sharp, who suggested that the remedy was easy if undertaken by the proper people, viz., the members themselves, and who proposed that notices should be posted, calling upon the members to protect their own property, and directing attention to Rule 15.

A vote of thanks to the Chairman, proposed by Dr. Samways, seconded by Mr. Rogers, and carried with acclamation, terminated the meeting.

GUY'S HOSPITAL RIFLE ASSOCIATION.

RULES.

1.—That the name of the Association be the "GUY'S HOSPITAL RIFLE ASSOCIATION."

2.—That the entrance fee be 1s., and the annual subscription 2s. 6d.

3.—That the affairs of the Association be managed by a Committee, consisting of a President, a combined Secretary and Treasurer, a Captain, a N.C.O., and a representative from each year's students up to the 5th.

4.—That the Committee shall have power to alter or amend the rules and conditions of shooting in the intervals between the General Meetings.

5.—That four of the Committee shall form a quorum.

6.—That the President be a member of the teaching staff of the Hospital.

7.—That the Secretary shall convene all meetings and conduct the correspondence of the Club; shall attend all business meetings and register the minutes of such meetings in the minute book.

8.—That a General Meeting be called at least once a year.

9.—That the accounts of the Club shall be examined annually by two Auditors, not members of the Committee.

10.—That in case of no rule being laid down, the Committee shall refer to the rules of the U.H.R.A., and failing that, shall settle the point under discussion at a specially called Committee Meeting.

11.—That on a requisition signed by five members of the Association, the Secretary shall convene a Special General Meeting of the Association.

CONDITIONS OF SHOOTING.

1.—Targets, ranges, positions, and regulations as current at Bisley.

2.—The marking shall not under any circumstances be questioned; if no disc be shown, a miss shall in all cases be recorded.

3.—No practice at any range shall be allowed on the day of firing in a competition.

4.—The Captain shall be invested with full power to inspect rifles, etc.

5.—The Secretary shall have power to accept or challenge any teams at his discretion, submitting his action to the Committee at the earliest opportunity.

6.—If a member selected to shoot in any match or competition be unable to do so, and fail to give notice of the fact to the Captain at least three days beforehand, he shall be fined 2s. 6d.

7.—The Captain shall have absolute control over the members of the team, and shall remove any man guilty of misconduct from the team, and replace him by a reserve man.

8.—That a full week's notice shall be given to men selected (by Committee) to shoot in any match.

9.—That the Captain shall keep a register of the shooting (matches, etc.) of the team, and shall produce it when called for by the Committee.

10.—That ties in prize competitions be decided by rules as laid down by the U.H.R.A.

H. FULHAM-TURNER,
July 2nd, 1892. Hon. Sec. G.H.R.A.

THOMAS GUY.

The following few anecdotes told of Thomas Guy, taken from Cassell's "Old and New London," may prove of some interest to your readers. According to Highmore, in his "History of the Public Charities of London," we owe the foundation of the Hospital to a very trifling circumstance. It appears that Mr. Guy was about to be married to a servant of his. Prior to the ceremony he ordered some of the pavement before his door to be repaired, but only up to a certain spot.

His expectant bride, seeing a stone broken beyond the mark, ordered the workmen to mend it, and on their remonstrating, added, "Tell him I bade you, and he will not be angry." But she seems to have reckoned without her host; for on Mr. Guy's return he was so annoyed at her interference that he renounced his intention of marrying her and applied his huge fortune to the founding of the Hospital.

According to accounts, Guy seems to have been very parsimonious, for it is related that he dined on his counter with no other table cloth than a newspaper, and was not more nice about his wearing apparel.

As an instance of his economy, the following tale is worth repeating. A celebrity of the time, Vulture

Hopkins by name, once called upon him to learn the art of thrift. Being introduced into the parlour, Guy, not knowing his visitor, lighted a candle; but when Hopkins said, "Sir, I have always thought myself perfect in the art of getting and husbanding money, but being informed that you far exceed me, I have taken the liberty of waiting upon you to be satisfied on this subject." Guy replied, "If that is all your business, we can as well talk it over in the dark," and put out the candle at once. Hopkins admitted himself capped, and took his departure.

This is another tale told of Guy, and at least proves him to have been less mean than some have tried to make him out: Guy was a man of humble appearance and of a melancholy countenance. One day, when thoughtfully gazing over one of the bridges, he attracted the attention of a passer by, who, fancying that Guy contemplated suicide, earnestly appealed to him to commit no such rash deed, and insisted on giving him a sovereign, which Guy took, denying, however, that he had any intention of self-destruction, as he was fairly comfortably off. He, however, made the stranger give him his name and address. Some years afterwards Guy noticed the name of his benefactor among the list of bankrupts. He called upon him, and brought to his recollection the incident of the sovereign. He next made inquiries, and found that misfortune had overtaken the bankrupt through no fault of his own. Guy expressed his full intention of meeting the man's creditors, which he did, and finally re-established him in a business which thrived for generations afterwards in Newgate Street.

W. DE KORTÉ.

Sport.

CRICKET.

GUY'S v. CHARING CROSS.

FINAL TIE.

On a good wicket, and in glorious weather, this match commenced at Streatham this morning (June 27th). The attendance of spectators was good indeed, something like two hundred students and many ladies being present. Charing Cross won the toss and decided to bat first. At 12 o'clock Russell and Young opened the Cross innings to the bowling of Bettington and Joyce. Soon after 10 had been put up Bettington bowled Young with a bailer. Fegan joined Russell, but the former, after making 4, was disposed of by Joyce, leg before wicket. Escombe, the next in, made 12 in good style, and was then bowled by Bettington; in the next over Joyce clean bowled Russell for 13. Thomas joined Lanphier, and when the score reached 45 Bettington captured Lanphier's wicket for 0; 45 for 5. The partnership of Thomas and Wittington caused considerable trouble to the bowlers, and added 41 to the score before they could be parted, Thomas being bowled leg before wicket by Joyce; Wittington was got rid of leg before wicket by the same bowler in the next over but one. The remaining four wickets caused little trouble only adding 6 more runs. Charing Cross closed their innings for 92.

Guy's commenced their first innings at 3·45, with Reid and Bettington to the bowling of Young and Russell. In the first over Reid was caught at point for 0, more disasters soon followed, Bettington, Francis and Stamford being out when the score was only 27. The Cross supporters were very jubilant; but when Shorland and Hancock became partners a change came over the scene, having brought the score from 27 to 119 before they were parted, Shorland being bowled for a useful 58, his innings consisted of 10 fours, 1 three, 4 twos, and 7 singles. Joyce joined Hancock, runs continued to come quickly, and at 150 the former was out leg before wicket for a well-played 24. Hicks followed, and after three overs saw Hancock caught in the slips for 43, made in good style; next over Hicks was bowled without the score being increased, 159 for eight wickets. The partnership of Layman and Jones added 40 runs to the score, the latter batsman being bowled by Lanphier for 17. Fitzhugh, the last man, did not unfortunately score, but before the innings closed Layman managed to knock up 10 more. Guy's innings closing for the respectable total of 199.

With one hour more to play, Charing Cross set Young and Russell to bat; when the stumps were drawn at 7 p.m. they had made 49 without being parted.

Tuesday, although not such a bright day, the attendance was, if anything, larger. Charing Cross especially turning up in large numbers, about ten Cross men to one Guy's. Joyce and Bettington shared the bowling, and in the fourth over Bettington clean bowled Young, who played well for 33; 75 for one wicket. Fegan joined Russell; when they had added 13 to the score Joyce managed to capture Fegan's wicket after making 5. Escombe did not remain long, Bettington bowling him for 6. Lanphier was got rid of for a like number by the same bowler. Russell with his wicket still up was joined by Thomas, and when the score had reached 118 Russell was well caught by Jones, bowled Bettington. Wittington and Thomas caused considerable trouble to the bowlers, the former being more suited for an eleven of clown cricketers than a Hospital Tie, the latter played good cricket, but he was let off in the early part of his innings, after this he made 36 in good style. Fitzhugh caught the next man, Montgomery, after making 11. After the luncheon (?) interval Parry added 2 to the score, when Bettington clean bowled Wittington, much to the former's delight. Parry at 191 was caught at the wicket by Fitzhugh. Phillips joined Hammond, and after the latter player had made one, Bettington bowled Phillips's middle stump clean out of the ground.

Guy's, with 86 to win, sent in Reid and Bettington. In the first two overs Reid made 10; in the next over but one, Bettington scored 2, 2 and 3 off Young. Russell then bowled three consecutive maiden overs to Reid. After these two batsmen had made a single each, Lanphier relieved Young of the ball, and in his first

over Reid was caught at point by Thomas for 11. Francis came in and hit Lanphier for 2 and 3 in one over; he then cut Russell for 3. In the next over he prettily cut Lanphier for 3; Bettington hit the same bowler for 2. At 45 Francis was caught after making 16. Runs came slowly for a time, Stamford receiving three maiden overs; then Bettington began again to score off both bowlers. Stamford hit Lanphier for 4 and 3, but could not improve upon his score, being bowled for 7. Things were soon lively when Shorland and Bettington got together, and between them they managed to make the required number of runs. Shorland made the winning hit amidst great applause; Guy's winning the cup for the third year in succession, has now held it since 1884, except in 1889, when St. Thomas's won it.

Great praise is due to every member of the Guy's team, for one and all did their work well except once in the second innings, when one member was rather erratically throwing the ball at the wicket. Shorland, Hancock, Joyce, Jones, and Layman batted well in the first innings, as did all five in the second. Everyone was pleased to see Bettington carry out his bat for a well-played 31. Joyce bowled well in the first innings, taking five wickets for 31 runs. Bettington took three for 32, whilst Francis took two for 1 run. In the second innings, Bettington took six wickets for 67, Hancock two for 17, Joyce and Francis one each.

CHARING CROSS.

FIRST INNINGS.		SECOND INNINGS.	
C. H. Russell, b Joyce...	13	c Jones, b Bettington	43
C.W. Young b Bettington	6	b Bettington	33
J. Fegan, lbw Joyce	4	b Joyce	5
W. Escombe b Bettington	12	b Bettington	6
C. Lanphier b Bettington	0	b Bettington	6
H. Thomas, lbw Joyce...	21	c Fitzhugh, b Francis	36
B. Wittington, lbw Joyce	12	b Bettington	23
E. Montgomery b Francis	1	b Hancock	11
G. Parry, b Francis	1	b Hancock	6
F. Hammond, not out ...	1	not out.....	1
P. Phillips, b Joyce	1	b Bettington	0
Extras.....	20	Extras	22
Total	92	Total	192

BOWLING ANALYSIS.

FIRST INNINGS.

	Overs.	Maidens.	Runs.	Wickets.
Bettington ...	19	7	32	3
Joyce	20	6	31	5
Hancock ...	3	1	5	0
Francis ...	2	1	1	2
Layman ...	2	1	1	0

Bettington and Hancock each bowled one no-ball; and Joyce bowled two no-balls.

SECOND INNINGS.

	Overs.	Maidens.	Runs.	Wickets.
Bettington ...	32	10	67	6
Joyce ...	24	9	54	1
Hancock ...	5	3	17	2
Francis ...	6	1	22	1
Layman ...	2	0	8	0

GUY'S.

FIRST INNINGS.		SECOND INNINGS.	
E. Reid, c Thomas, b Russell.....	0	c Thomas, b Lanphier	11
J. H. Bettington, c Wittington, b Russell	3	not out.....	31
C. J. Francis b Young ...	10	c Montgomery b Young	16
R. B. Stamford, b Young	3	b Lanphier	7
E. T. Shorland, b Young	58	not out.....	13
W. J. Hancock c Escombe b Russell	43	did not bat	
J. H. Joyce, lbw Escombe	24	did not bat	
H. T. Hicks, b Escombe	4	did not bat	
M. P. Jones, b Lanphier	17	did not bat	
S. G. Layman, c and b Lanphier	19	did not bat	
R. Fitzhugh, not out.....	0	did not bat	
Extras..	18	Extras.....	8
Total	199	Total	86

Runs at fall of each wicket:—First Innings—1, 0; 2, 21; 3, 22; 4, 27; 5, 119; 6, 150; 7, 159; 8, 159; 9, 198; 10, 199. Second Innings—1, 23; 2, 45; 3, 63.

GUY'S HOSPITAL LAWN TENNIS CLUB.

We were very much afraid that we should not be able to keep this trophy, for Fisher was unable to play owing to illness, and Henery had not the necessary qualification. However, after two hard fights, we were again victorious. The details are below, and it will be seen that Middlesex were defeated in the morning and St. Thomas's in the afternoon. Hancock, Reed and Webb played a very fine game for Guy's.

INTER-HOSPITAL CHALLENGE CUP.

Guy's again show their superiority over other Hospitals; first of all, they are deprived of their Captain, W. H. Fisher, through illness; secondly, the team never have played together before; and thirdly, having to play two Hospitals in the same day, viz.:—Middlesex in the morning, and St. Thomas's in the afternoon, the latter being the best out of five sets.

GUY'S v. MIDDLESEX.

W. I. Hancock beat Riseley 6·2, 6·4. This was an excellent exhibition of how tennis ought to be played; the science was well put forth on either side, though Hancock certainly showed much better form than his opponent.

Rooke beat G. Webb (Guy's) 7·5, 8·6. This was a splendidly contested match, and Webb did great credit to himself, and promises most favourably for the future; this is his first year, and we trust he will keep practising, so that next year he may again be one of the helpers to retain the Cup.

E. Reid beat A. C. Shand 6·4, 6·1. This game was fought for with great energy, Reid proving most amply that not only is he an excellent cricketer, but also a good tennis player, a grand combination (found in Guy's men pretty frequently).

W. I. Hancock and E. Reid v. Riseley and Rooke. Our men won the first set 6·2, and played the second as far as "9 all," then, as we had won "the match," we scratched, owing to our having to play a hot game later on.

G. Webb and J. E. Coulson beat F. W. Lewis and A. C. Shand 6·4, 10·8. Our men came together well and played a good game, showing magnificent form, and came through well.

E. D. Hancock and W. H. Peake beat L. A. Fawsett and N. I. Smith 6·0, 6·0. Our men won so easily they had no chance to show their best strokes.

GUY'S v. ST. THOMAS'S.

W. I. Hancock beat G. W. H. Bird 6·2, 6·2, 6·1. This was a complete walk over for Hancock, and so we had not so good an opportunity of seeing what our man can do when he wants to.

G. Webb beat C. A. N. Knox 3 sets to love. Here Webb was seen to greater advantage than in the morning; he seemed to have gained confidence, and played an excellent game, hitting well and promptly.

Davies beat E. Reid 6·2, 2·6, 6·1, 6·4. Here again Reid played a very good persevering game, and showed the grand stamina of Guy's men in "sticking to" his opponent to the end, and we believe he might have won had he not had the morning's play.

W. I. Hancock and E. Reid beat Bird and Knox 3 sets to love. There was some capital play in this match, though our superiority was very apparent, and we held the sway right through.

Webb and Coulson v. Davies and Ransome. This was not quite played out, as St. Thomas's got 2 sets to our 1, and in the fourth set we played up to "12 all," and then, as we had gained "the Cup," we allowed our men to scratch, as they had played an immense deal during the day, and we are sure nobody can blame them under the circumstances.

E. D. Hancock and Peake beat Thorpe and Hood 3 sets to love. Here our pair had more chances of showing their power, and with the combination of Peake's careful returns and Hancock's decisive and quick strokes, we carried this off easily.

So we won the Final by four events, losing one, and scratching another; making Guy's four events to two.

This is our second year of holding the Cup, and next year we hope will be the third, especially as we shall have the excellent ground at "Honor Oak Park" opened.

BERNARD G. REYNOLDS, Hon. Sec.

ATHLETICS.

Messrs. Bell and Munro have again been crowned with the laurels of victory.

In the Amateur Athletic Championship meeting last Saturday at L. A. C. grounds the above both took seconds. Bell in the 100 yards and Munro in the four miles.

Bell, after winning his heat from Hempton, the New Zealand champion, in 10⅘ seconds, ran in the final with D. D. Bulger, Dublin U. C. A.; C. A. Bradley, Huddersfield A. C.; H. Smith, Finchley Harriers.

Bell, after a very good start, led for nearly 70 yards, when Bradley forged ahead and won by a yard in 10⅕ seconds. There was a very strong wind blowing almost down the track, or the time would undoubtedly have been better.

Munro started in both the mile and four miles. In the mile after pacing Wade for two laps he turned off. In the four miles he ran in grand form, his style being markedly the best. The other starters were:—S. Thomas, Kildare A.C.; F. G. Strange, Southampton Harriers; T. H. Robinson, Queen's Park Harriers; J. Kibblewhite, C. E. Willers, Essex Beagles; R. Wellin, Finchley Harriers; H. A. Heath, S.L.H. and L.D.C.; W. E. Gilson, C. Pearce, Finchley Harriers.

Thomas, Kibblewhite and Munro early drew away from the rest of the field, Heath being fourth, some distance behind. Munro, running with great judgment, carefully watching his men and keeping a snug third, ran on for 3½ miles, Thomas and Kibblewhite often changing places in front of him. At this distance, Kibblewhite and Munro drew away from Thomas, and at the last lap, Munro increasing his pace, drew up to and in the "back straight" shot ahead of Kibblewhite. He kept his lead till within a few yards of home, when Kibblewhite passed him, winning by four yards in 19 mins. 50⅘ secs., Munro's time being 19 min. 51⅕ secs., both these times beating the championship record of W. G. George, which was 20 min. 12⅘ secs. This race might have had a very different termination had not the crowd rushed excitedly on and materially harassed both Kibblewhite and Munro.

The reputation of the United Hospitals Athletic Club was well sustained besides by Messrs. Mackintosh and Square in the long jump; P. M. Jones in the half-mile.

J. S. Mackintosh secured a second in the long jump, A. P. Square being very close, jumping only half an inch less; the former's jump being 21ft 7in. Square received a medal for accomplishing standard distance.

P. M. Jones just missed the medal for standard time by one-fifth second in the half-mile.

On Tuesday, the 12th instant, Edinburgh U.A.C. compete with the U.H.A.C. at the L.A.C. grounds, being our visitors this year. We wish the United Hospitals every success, and hope a goodly contingent of Guy's men, with their friends, will be in attendance.

Marriages.

FISHER—DARLING.—On May 23rd, at St. Paul de Loanda, Walter Fisher, M.R.C.S., son of William Benjamin Fisher, of Greenwich, to Susannah Elizabeth Darling, daughter of J. S. Darling, of Clonahilty, Ireland.

PRICE-JONES—EYSSON.—On June 22nd, at St. Mark's, Surbiton, Dr. Cecil Price-Jones, of Surbiton, son of the late William Price-Jones, M.D., to Helen Louise, youngest daughter of Gallfried Eyssen, of Surbiton.

Notice.

All Communications, Articles, Letters, Notices, and Books for Review, should be forwarded, accompanied with the name of the sender, to the Editor, GUY'S HOSPITAL GAZETTE, *Guy's Hospital, S.E.*

The annual subscription to the GAZETTE *is 6/6, post free 7/6. All financial communications, as well as subscriptions, should be sent to the Financial Editor,* Mr. C. H. WELLS, MEDICAL OFFICE, GUY'S HOSPITAL.

Any of our Subscribers, who may be desirous of having their numbers of the GAZETTE *for 1891 bound, should leave them with the Librarian as soon as possible.*

The charge for binding in blue, with the Arms of the Hospital in gold, will be ONE SHILLING *and* SIXPENCE.

Guy's Hospital Gazette,

JULY 23, 1892.

THE COMMENTARY

GIVEN IN THE EXAMINATION FOR THE TREASURER'S GOLD MEDAL IN MEDICINE, WITH THE EXPLANATION AND SEQUEL OF THE CASE (JUNE, 1892).

We are favoured by one of the Examiners with the following account of the symptoms and result of the remarkable case which was given for commentary in the course of the recent examinations for the Treasurer's Gold Medals.

A. F., aged 43, of slight figure, but muscular and active, living chiefly in the country, hunting all the season, had a moderate attack of influenza in January, 1892. While in the army, 12 or 13 years ago, was treated for syphilis and took a full course of mercury. He had no symptoms since beyond occasional "bilious attacks"; he recovered six years ago, and has healthy children; has had no other illness since childhood, and there is no history of pulmonary disease in the family.

While the temperature was still high, he was attacked by severe pain in the left side, which was supposed to be pleurisy, but quickly passed away. When the influenza was subsiding, fresh and more severe pain came on in the right side, interfering with phrenic more than with costal respiration, and a pleuritic rub was now heard. The temperature was 103°.

When seen a fortnight after the onset of influenza, he was very ill, pale, thin, and sweating profusely, with rapid shallow breathing, weak and frequent pulse and orthopnœa. (T. 99·6; R. 36, and yesterday 48). Tongue furred, but appetite good. No diarrhœa. Dulness with diminished respiratory sounds at base of right lung. Non-consonating râles over both lungs. Sputum muco-purulent, not rusty; no hæmoptysis. Urine loaded with lithates; no albumen. He then improved under treatment, but again became worse, and was seen again a month after the first visit. He was then emaciated, with frequent pulse and respiration, but scarcely any fever. The temperature had once risen to 102·4, and had frequently been subnormal; it was now 99. His only pain was from a small bed-sore, but dyspnœa and exhaustion was very distressing, and syncope often seemed imminent. The left lung was then found normal, as were the cardiac sounds; the right lung was resonant, except in front, from the clavicle to the third space, where there was diminution of breath-sounds with loud vocal resonance. (The patient's voice was too weak to produce satisfactory tactile vibration anywhere). Scanty expectoration; no hæmoptysis. Bacilli had not been looked for.

Trace the probable course of the disease, and describe what you conclude to have been the condition of the chest. What treatment would you have adopted and what prognosis would you have given?

This case was certainly an obscure one, and well fitted to test the acumen of the candidates; commentary might have gained very high marks without the true diagnosis being made out. Nevertheless one of the six gentlemen who contended for the Treasurer's Gold Medal did detect the true nature of the disease and gave good reasons for his conclusion.

It was, of course, a true case, the facts being given exactly as they came before the physician

on the two visits which he paid to the patient. The account was not really meagre, as one candidate complained; it was at least as full as in most of the cases met with in actual practice; in fact, the only important omission was microscopical examination of the sputum, and this may be excused by the very small amount expectorated, and perhaps by the pressure of other duties on the two hard-worked country doctors under whose care the patient was. The only perfect and complete reports of cases are those made by our best clinical clerks at Guy's.

To keep such a case within reasonable compass (for otherwise the salient features would be lost in a crowd of unimportant or misleading details) it is necessary to assume that there was no recent injury, no otorrhœa, no increased cardiac dulness, no syphilitic sarcocele, and so on. These were all ascertained to be absent, and the necessary points for making a diagnosis are alone stated.

One candidate complained that dates were not given, but he must have committed the common error of men inexperienced in examinations—that of beginning the answer before reading the question. The patient was taken ill with influenza on January 14. Before recovery (that must have been within a week) he had his first pain, the second soon after. A fortnight after his first attack (*i.e.*, the beginning of February) he is first visited in consultation. A month later he is seen again, having become worse in the interval. There the narrative ends, about six weeks from the influenza beginning.

The first pain may have been pleurisy, or may have been muscular spasm or acute gastric disturbance with flatulence; no one can say, and it is of no consequence. The second was clearly pleurisy of the right side, affecting the phrenic as well as the lateral pleura. Three weeks later, at the first visit, there was effusion in the right pleura and symptoms of general bronchitis, or perhaps broncho-pneumonia, which might be sequelæ of the influenza, but might also indicate the presence of tubercle.

At the second visit the effusion at the right base had disappeared, but the general symptoms were more severe, and there was an evident focus of disease at the right apex. Most of the candidates regarded this as evidence of phthisis with general pulmonary tuberculosis, and gave, of course, a hopeless prognosis. One thought it might point to apical pneumonia after influenza, and others suggested syphilitic gumma, malignant disease, or thickened pleura.

Apart from the extreme rarity of cancer or syphilis of the lung, apart from the absence of hæmoptysis or rusty sputa, the crucial fact was the absence of bronchial breathing, which proved that there was not solid lung beneath, while the absence of feebleness of vesicular murmur showed that there was not healthy lung. The increased vocal fremitus was misleading, but vocal resonance is always less certain than percussion and auscultation of the breathing; and it is often increased at the right apex independently of disease. The conclusion from the physical signs ought to have been no healthy lung, no solid lung, but either an enormously thickened pleura or a solid growth between the parieties and the lung, or a liquid collection. For the first result there was no time; so that, including tumour and hydatid as too improbable, we arrive at a diagnosis of a circumscribed collection of fluid in the pleura.

Now, let us take symptoms and probabilities instead of physical signs. The general aspect of the case was undoubtedly that of pulmonary tuberculosis. But, whenever we suppose this, we must think of suppuration, just as whenever we diagnose pyæmia we must think of tubercle, or when we suspect enteric fever must consider the possibility of either tuberculosis, or suppuration and blood-poisoning.

In this case their was no question of enterica the symptoms, course, and absence of abdominal

signs (diarrhœa, tympanites, swollen spleen, rose-spots) were conclusive against its presence.

There was no previous injury, no disease of bones and no cardiac murmur or signs of embolism to explain the case as one of septicæmia or ulcerative endocarditis, but there had been undoubted pleurisy. Pleurisy may lead to purulent as well as to serous effusion, and the physical signs pointed to the probable presence of a circumscribed collection of fluid at the apex of the right lung.

There was no history of rigors, but the preceding influenza, the frequent pulse, the distress of breathing, the irregular pyrexia (which might have been called "hectic" if the epithet were a good one*) all agreed with presence of pent up pus, with a circumscribed empyema of the right apex.

Looking back on the case, we see that this key fits the wards as no other did; the general aspect of the patient and impression conveyed by his illness, the course and sequence of his symptoms, and the successive physical signs all lead to the same conclusion.

A few days after the second visit, the patient coughed up a great quantity of pus; the empyema had burst into a bronchus, great relief at once followed, and he gradually recovered.

Ought the empyema to have been opened and drained? The result could not have been better as it turned out, but probably it would have been the safer and wiser course to pursue.

In fact, the only reason it was not done was that neither the two experienced practitioners who had charge of the case, nor the physician who consulted with them, found out what was the matter. The true diagnosis was made by time and by the Treasurer's Gold Medallist in Medicine.

*Hectic (ἑκτικός) means "habitual" or continuous. But since the ordinary fevers of the Mediterranean are intermittent, the term was applied by the ancient Greek physicians to other and more continued fevers; afterwards it became specially used for the remittent pyrexia of phthisis and suppuration, and hence has become tacitly associated with sweating and emaciation. It is what Mill called a "question-begging epithet," and is best omitted from medical descriptions.

THE COMMENTARY

Given in the Examination for the Treasurer's Gold Medal in Surgery (June, 1892).

By the kindness of one of the Examiners we are able to publish notes on the correct diagnosis of this case.

E. C., æt. 9, the eldest girl of a family whose parents were living and healthy, is said to have fallen from a perambulator when twelve months old and to have suffered from concussion. She recovered completely, but from that time seemed more delicate than the others and somewhat lacking in spirits.

Fifteen months before the time the report commences she fell from a chair, and afterwards complained of back-ache, stomach-ache, and lassitude, for which she was advised rest. For a month she had passed blood in considerable quantity in her urine. A swelling was discovered on the left side of the abdomen which could also be felt from the loin. A London surgeon was consulted, who performed an operation on the left loin. Two days after the blood had disappeared from the urine, but slight albuminuria remained for a period. There was at this time also a sinus over the back of the right wrist, which led down to denuded bone.

All went well for some months when blood, for a second time, appeared in the urine. The same surgeon was again consulted by letter, and suggested examining the right side of the abdomen for a swelling. Here an enlargement was discovered and operated upon through the right loin, after which the blood again disappeared from the urine, leaving a trace of albumen for a time, but this also gradually disappeared.

Both wounds healed completely, and the patient is now a stout, ruddy girl of fifteen.

Give your views generally on this case; comment on the probable cause of the hæmaturia; the means you would employ to form a diagnosis; and state fully the treatment you would adopt in a similar case.

The child was a delicate member of a healthy family, and her friends attributed this delicacy to a severe injury she received when twelve months old, but from which she in all other respects completely recovered. When eight years of age she had a fall from a chair, and from that time for fifteen months she had complained of "back-ache, stomach-ache and lassitude, for which she was advised rest." Suspicion thus arose that she had some disease of her spine, and she was treated accordingly by rest. Then for a month she passed blood in her urine, and a tumour having been discovered on the left side of the abdomen, suspicion of a renal tumour arose, and a consultation was arranged. On examining the back, the surgeon found the twelfth dorsal vertebra prominent and tender. He found also that the tumour fluctuated, and could be felt from the loin. Attention was also drawn to the back of the right wrist, where there was a sinus leading to a cavity in the lower end of the radius, where disease had commenced after the same injury as caused disease of the spine.

Explaining the case on one hypothesis, viz., tubercular disease attacking the spine and radius after injury, the tumour was diagnosed as a spinal abscess pressing on the renal vein, and thus causing hæmaturia. Under an anæsthetic the abscess was opened and drained through the loin, the opportunity being also taken to scrape out the carious cavity in the lower end of the radius. The rapid disappearance of the blood from the urine after the operation appeared to indicate that the diagnosis was correct. But after a time blood again appeared in the urine. The friends once more became anxious and the surgeon was written to for an explanation. As the abscess cavity on the right side still had a tube in it the hæmaturia could not be explained by pressure on that side. It occurred to him that there might be a collection on the other side of the abdomen, and he wrote suggesting an examination of the right side. A tumour was then found, which proved to be a spinal abscess, and this was drained through the right loin, after which the hæmaturia again ceased. The original diagnosis thus received additional support, viz.: that the hæmaturia was a symptom caused by the pressure of a spinal abscess, first on the renal vein of one kidney, then on that of the other.

THE BIENNIAL FESTIVAL DINNER.

Never in the annals of Guy's has the Biennial Dinner passed off so pleasantly and so successfully as on the 6th inst. Menu, music, and speeches were alike excellent, and the Whitehall rooms of the Hotel Métropole never before held such a company of "friends and comrades" as those two hundred and fifty Guyites who assembled there to do honour to their Hospital.

At half-past six the reception room was thronged, and at a quarter to seven dinner was announced. Mr. Howse took the chair. On his right were placed Dr. Wilks, Mr. Hugh Massey and Dr. Braxton Hicks; and on his left Mr. Lushington, Dr. Pavy and Mr. Durham. The Bijou Orchestra played throughout the repast: Gung'l's waltz, "Soldaten Lieder," disposed of the "potages"; "La Cigale" was never heard to better advantage than when attacking the "saumon, sauce Mousseuse"; and Gounod's "Faust," accompanied by "Piper-Heidsieck, Brut 1884," seemed a divine quintessence of all that was lofty and grand.

Directly dinner was over the Toastmaster commanded the glasses to be charged, and Mr. HOWSE proposed the health of "The Queen."

He next gave the health of "The Army, Navy and Reserve Forces," which was responded to by Surgeon-Captain SPONG.

"Prosperity to Guy's" was the next toast, and it was received with real enthusiasm. Dr. PYE-SMITH, who proposed the toast, said that they all wished prosperity to their Hospital. Firstly, they would wish that a hundred thousand pounds be given to it during the next three months, or that someone would give them another Hunt's house; secondly, that the Students might go on, he could not say better, but as well as they were doing then. He trusted, too, that none would catch diphtheria, or go to work with high temperatures, and that those Guy's men who were in the Army would keep out of arms. He need say no more, as the evidence of the common feeling and hearty loyalty they bore to their own School was that they had assembled together that night.

Auld Lang Syne was then sung, and the toast drunk amidst loud cheering.

Mr. LUSHINGTON replied.

Mr. HOWSE, in proposing the next toast, "Prosperity to the Medical and Surgical School attached to Guy's Hospital," said he was uncertain as to whether this or the last toast was the toast of the evening. He alluded to the five years' curriculum at the College, and spoke of the increased facilities for work given to Guy's Students by the erection of the new buildings. He also touched favourably on the amalgamated Clubs' scheme, and also on the new Dental School.

Mr. LUCAS replied, and in his incisive way, said that Guy's had never occupied so proud and so pre-eminent a position as at the present time. He especially mentioned the prizes lately won in the sporting world, to show that there, as well as at the examinations, did Guy's take the lead.

"The Consulting Staff" was proposed by Mr. DAVIES-COLLEY, and responded to by Dr. WILKS, Dr. PAVY and Dr. BRAXTON HICKS.

Dr. WILKS said that nothing but absolute necessity would have kept him from being present at such a meeting of old friends. His presence there was due to two things, Dr. Pye-Smith and port wine; these powerful factors had worked together for the cure of his influenza; even now he was a bit groggy on his legs, or as he ought to say, in a polite society like this, he still suffered from "slight incoordination." He feared he was no longer known at the Hospital. (Yes, yes, you are). He went to see a patient the other day whom he had sent in, and a nurse came up and said "Visitors must all now leave." That word "visitor" had a horrid sound for him. In conclusion he reminded them of the history of Guy's, which had been partly compiled by the late Mr. Bettany, and was now soon to be published.

Dr. PAVY defined a Consulting Physician as one whose duty it was to attend Biennial Festivals. He spoke of the greatness of Guy's past as instanced by the fame of such men as Astley Cooper, Babbington, Key, Hodgkin, and Hilton; he praised the work done by the Guy's men of the present, and expressed his great approval of the bond of brotherhood which always existed among them.

Dr. GOODHART proposed, and Mr. DURHAM responded to the toast, "The Givers of Prizes," and Mr. DURHAM proposed, and Dr. JOHN GALTON, Mr. YOUNG and Mr. HERBERT DURHAM responded to "The Past and Present Students of Guy's Hospital."

"The Chairman" was then proposed and enthusiastically toasted, and a special wave of acclamation spread round the room when Mr. Howse proposed the health of the Honorary-Secretary, Mr. Golding-Bird, to whose energy and diplomatic discrimination the success of the evening was due. He had worked hard, and must have felt rewarded by the "hitchless" way in which the proceedings began, continued and ended.

PRIZE DAY.

On Wednesday, the 6th of July, was held our Annual "Garden Party," the occasion *par excellence* on which first year's men are wont to put on their frock coats and "show round" their sisters, their cousins and their aunts.

Luckily, the rain, which has spoilt so many kindred festivals this season, kept off, and long before the time for which they were invited hundreds of visitors streamed through the entrance and took the opportunity to make themselves acquainted with the Hospital and its mysteries, to the accompanying strains of the band of the M division.

At three o'clock everybody who could find room had crowded into the great tent erected in the quadrangle to the left of the colonnade, to witness the distribution of the prizes by the Bishop of Rochester, and to hear the Dean on the doings of the past year.

The tent, which this year was happily water-tight, albeit somewhat draughty, was tastefully decorated with an abundance of flowers, and upon the platform were many of the athletic trophies, of which we have, as all Guy's men know, a goodly number this year.

After Dr. Perry had read his report the Bishop of Rochester proceeded to give away the prizes, a list of which will be found below.

The Treasurer's Gold Medal for Clinical Medicine.—Arthur Mantell Daldy, Romford; Alfred Theodore Rake, Fordingbridge, *Proxime accessit.*

The Treasurer's Gold Medal for Clinical Surgery.—Alfred Theodore Rake, Fordingbridge.

Gurney Hoare Prize for Clinical Study.—Herbert Edward Durham, London.

Beaney Prize for Pathology.—Arthur Mantell Daldy, Romford.

Golding-Bird Prize and Gold Medal for Diagnosis.—Charles Satchell Pantin, Blackheath.

Sands Cox Scholarship for Physiology.—Charles John Harnett, Guildford; Alfred Salter, Blackheath, *Proxime accessit.*

Michael Harris Prize for Anatomy.—Henry Alford Moffat, Grahamstown, Cape Colony.

The Arthur Durham Prizes for Dissection (First Year's Students).—Norman Howard Pike, Streatham Common (Prize, £5); Richard Hamilton Ashwin, Spalding (Certificate); Arthur George Butler, Beckenham, Kent (Certificate). Second Year's Students.—Richard Foster Clark, Plymouth (Prize, £15); James Henry Horton, Charlton (Certificate); Henry Alford Moffat, Grahamstown, Cape Colony (Certificate).

Prizes for Fourth Year's Students.—Francis Jordan Coleman, Hunmanby, Yorks (Prize, £12); Charles Satchell Pantin, Blackheath (Prize, £12); George Frederic Still, Tollington Park (Prize, £12); Arthur John Sharp, Bromley, Kent (Certificate); William John Johnson, Shefford (Certificate); David Morgan Beddoe, Merthyr Tydfil) Certificate).

Prizes for Third Year's Students.—John Alexander Howard, Canonbury (First Prize, £25); Hugh Milton Stewart, Beckenham, Kent (Second Prize, £10).

Prizes for Second Year's Students, 1891.—Guy Eugene Manning, Hammersmith (First Prize, £25); Leopold Ernest Valentine Every-Clayton, Nelson, Lancashire (Second Prize, £10); John Alexander Howard, Canonbury (Certificate); Arthur Henry Leete, Wellingborough (Certificate).

Prizes for First Year's Students, 1891.—Francis James Steward, Old Charlton (First Prize, £50); Charles John Harnett, Guildford (Prize, £12 10s.); Alfred Salter, Blackheath (Prize, £12 10s.); Harold Nolan, London (Certificate).

Prizes for First Year's Dental Students.—John Brodribb Parfitt, Reading (Prize, £10); Charles Henry Oram, South Molton (Certificate); George Sidney Frederick Manton, London (Certificate).

Prizes for Second Year's Dental Students.—Richard Ernest Woodcock, Pontefract, Yorks (Prize £15); Samuel Ralph Apthorpe, Bromley, Kent (Certificate); Archibald Rutlidge Henry, Hastings (Certificate).

Prizes for Practical Dentistry.—Stephen Keele, London (Prize, £10); Archibald Rutlidge Henry, Hastings (Certificate); Harold Arthur Turner, Eastbourne (Certificate).

Open Scholarships in Arts.—Gerald Burton-Brown, Cambridge (Prize, 100 Guineas); Norman Lavers, Tasmania (Prize, 50 Guineas).

Open Scholarships in Science.—Arthur George Butler, Beckenham, Kent (Prize, £61 5s.); Peter Henry Haylett, Kimberley, Cape Colony (Prize, £61 5s.); Hugh Milton Stewart, Beckenham, Kent (Prize, £61 5s.)

The BISHOP OF ROCHESTER, having distributed the prizes, said that it was expected that he should say a few words, and it must be a very few, upon the general topic of their gathering there on that occasion. He should like to begin by saying that for one who was in no sense an expert in the sciences, the task of speaking before that assembly, for even a few moments, was an alarming one, but he was glad to be allowed an opportunity of expressing the interest which he felt—and all, he was sure, who had the welfare, he would not say of the metropolis, but the nation at large, at heart, would share in the feeling—at the continued success of the Hospital, as demonstrated by that gathering. He would like to add an expression of his own gratification and pride in joining the Governing Body of that time-honoured Institution. All in South London were proud of Guy's Hospital, and rightly so, for they had not too many Institutions in this great region of suffering of which they could afford to be proud. It was those who, like himself, were daily working among the poor in their great cities who could best understand, and with significance tell, what was the difference, indirectly, to the community at large, made by these great benevolent Institutions, and directly to those who lived in these crowded neighbourhoods. He supposed it was true to say that in our great cities our large Hospitals had come to be so distinctly recognised as a portion of the life of these cities, that it would be

difficult to imagine what would be the result if they were suddenly to cease to be; people had come to look upon them as so much a part of the natural order of things, that it would be simply appalling to contemplate what would be the result if such an Institution as Guy's Hospital were suddenly blotted out; it seemed to keep the balance of life in these regions, and the effect of its suddenly passing away would be something like the effect produced in the planetary world if some great orb were to drop out of the solar system; the very difficulty of contemplating such a possibility was a criterion of the value of these institutions. While they had received no small measure of public support, he supposed there was no one who did not desire to see the gifts placed at the disposal of these Institutions multiplied ten-fold, and indeed unless there was some multiplication of the gifts there would some day come a rude awakening; he for one should never fail to seize every opportunity of pressing upon everyone that they should bring their gifts in larger measure to the feet of those who had at their command such an apparatus for the alleviation of human suffering, and who had for a century and a half employed that apparatus so wisely. He supposed upon this occasion he was expected to say a few words rather upon the educational than the philantrophic value of such Institutions as these; it was a hard thing to describe how it had come about, but there was an enormous helpfulness to a man's whole life to be brought up in such Institutions as these, to be the inheritors to the fame that had taken generations to build; the most skilled pathologists that even Guy's had produced would say that there was a great difference in the influence upon one's life of an Institution whose reputation had taken centuries to build, compared with that of an Institution which could only be remembered through decades. It was a strange and mysterious influence coming out of the past, and he would beg of the students more particularly to make the most of these grand opportunities, he was confident that upon nothing did men look back with more regret than the way in which they had missed getting the full benefit of the past: it was very desirable that an effort should be made to feel the charm, and get the good of these traditions while it was in their power to reap the advantages which they conferred. It was natural in any great stocktaking such as this to compare the work being done to-day with the means at their diposal in days long gone by. Nothing was stranger than to compare the facts of to-day with the facts of the past, whether they looked at law, at medicine, or at the arts and sciences, but in no department was there anything like the same contrast between the apparatus of the past and present, either for learning or teaching, as in the medical science and the medical world. Let them compare the schools of Padua and Bologna and their Professors, with their cabalistic signs, magical words, and mysterious drugs—which formed so large a part of the stock-in-trade of the most thoughtful scientists of the past—with the methods of teaching and research of the present day; in no department of life was there so much that was new, and so skilfully applied as in medical science. There was one other point: the intimate connection between the various parts of the human frame, the close association between the mental and the physical, was being recognised now in a way that it never had been before; that being so, how great was the responsibility of those who selected the medical profession as the field of their future career, how necessary was it that they should not be merely skilled in their own particular science, but that they should be in every sense true men, worthy of the trust and confidence that was being more and more reposed in them. In few places could they find better advantages for the preparation for so weighty a trust than were to be obtained at Guy's Hospital.

The Treasurer (Mr. LUSHINGTON) proposed a very cordial vote of thanks to the Bishop for his eloquent address, which was seconded by Dr. PYE SMITH and supported by Mr. ARTHUR DURHAM, and carried by acclamation.

The company then proceeded to view the various places of interest about the Hospital; the College, the Wards, and the new School buildings coming in for the lion's share of attention. Refreshments were served in the new Fives Courts, which were roofed in for the occasion, and on small tables scattered about the grounds; and, as usual, the crush in the dining hall of the College, where tea was to be had, was excessive.

However, everybody seemed to enjoy themselves, from the gentlemen who had donned the inevitable frock coats and eccentric button-holes, to the lady who, evidently prepared for all emergencies, had sported a mackintosh and sunshade, and showed the ends of a pair of goloshes from out of the corners of a small fur muff.

PASS LIST.

SECOND CONJOINT EXAMINATION.

ANATOMY AND PHYSIOLOGY.

Armer, A.	Kearney, C. J.
Cann, F. J. H.	Loud, F.
Davies, W. L. B.	Packer, H. D.
Hayes, R. H.	Shorland, E. T.
Hora, J.	Spon, H. J.
Hunter, C. H.	Yorath, T. H. B.

The following Gentlemen have passed in the remaining Subject, and therefore have completed the Examination.

Biggs, T. S.	Hitchfield, A. R.
Byford, W. F.	Jenkins, C. C.
Carden, W. A.	O'Niell, B.
Fisk, E.	Rivers, S.

Tresidder, P. E.

ANATOMY ONLY.

Ensor, J. W.	Tipper, E. H.
Scott-Turner, A.	Tresidder, M. C.

PHYSIOLOGY ONLY.

Roberts, R. L.

Obituary.

On the 27th May, at Dâmoh, India, of blood-poisoning, following the bite of a tiger, ARTHUR CECIL DEARE, Indian Medical Service, aged 31.

Arthur Cecil Deare, who was a Student at Guy's eight years since, was beloved by all who knew him. He was possessed of many sterling qualities, was devoted to his work, considerate for others, brave and sincere.

In India he had entered upon a career of great promise, having been most successful in his surgical and sanitary work, and had received a Distinguished Service Medal for the Lushai Expedition.

His brother, also in the Indian Medical Service, writes from Dinapoor:—"He had shot the male tiger the previous week, and tried after this one from a platform in a tree, hit it hard and then got down and hit it again as it ran; but when it turned and gave chase, his men with other rifles bolted, so he ran and loaded at the same time, but it caught him up and he thought it better to wait and fire the one barrel that he had loaded, and as the brute sprang he hit it full in the chest; it caught him by the arm, and, as he said, 'shook him like a rat'; then he caught its throat, and as the animal was nearly dead he was able to force it down and kill it. After this he had thirty miles to ride in the sun, and within two days septicæmia set in and soon all was over."

GUY'S HOSTITAL R. U. F. C.

A general meeting of the Club was held in the Lecture Theatre, on July 11th. In the absence of Mr. Davies-Colley, the chair was taken by Dr. Bryant. The Hon. Sec. read an account of the Club's achievements during the past season. The meeting then proceeded to elect the following officials for the coming season:—

President, Mr. Davies-Colley. Captain of 1st XV., E. T. Shorland. Captain of 2nd XV., E. H. Van Someren. Vice-Captain, H. Hicks. Captain of 3rd XV., C. L. Lichtenberg. Hon. Sec. to R. U. F. C., L. Slater. Committee, H. T. S. Bell, H. Cooper, J. W. Ensor, E. D. Hancock, M. P. Jones.

Correspondence.

To the Editor of GUY'S HOSPITAL GAZETTE.

DEAR SIR,—Being an old Guy's man, I venture to make two suggestions—which may be acted upon if thought expedient—regarding the ceremony, &c., of the Distribution of Medals, Prizes, &c. I shall be as brief as I can, making no remarks on them myself, but hope that other Guy's men, past and present, will do so.

1. That it would greatly enhance the value and brilliancy of the ceremony if the Staff and Students wore the Academical costume to which they are entitled.

2. That refreshments should be provided in a much better manner than they were on the last occasion, even if they have to be paid for by the consumers.—Yours faithfully,

July 16th, 1892. A LOVER OF GUY'S.

THE USE OF PHOSPHATE OF SODIUM IN TRANSFUSION.

DEAR SIR,—Dr. Braxton Hicks, in a paper in the Guy's Hospital Reports, Vol. XIV., 1859, recommended the use of Phosphate of Sodium in Transfusion. His method was the following:—Three ounces of Sodium Phosphate are dissolved in a pint of warm water; on cooling some of this will crystallize out, but on immersing in warm water at 100° F. it will rapidly dissolve. The proportion of the solution to the blood employed should be about one-fourth. When required, the solution should be warmed to the temperature of the blood, and then placed in the receiving vessel, and gently stirred during the flow of blood. Treated in this way the blood did not clot, and could be used very conveniently for transfusion. Dr. Braxton Hicks did not, however, make any observations on the action of the Phosphate of Sodium upon the red blood corpuscles, and, as it has been stated that the corpuscles are broken up by solutions of Phosphate of Sodium, Dr. Braxton Hicks wrote to me asking me to make the required observations. This I have done with the assistance of Mr. A. Card.

Our observations were made both with dog's blood and with human blood. The blood was allowed to flow into the Phosphate of Sodium solution in the proportion recommended by Dr. Braxton Hicks. The mixture was kept at the temperature of the body and examined microscopically from time to time. Special attention was paid to the colour and contour of the corpuscles, and to the colour of the fluid in which the corpuscles were floating in order to see whether any hæmoglobin had escaped. The result of our observations are that the human and dog's red corpuscles are not in any way altered microscopically by Phosphate of Sodium solution used in the manner described.—I am, yours truly,

J. W. WASHBOURN.

Passim.

This will be our last number this session. It is proposed to bring out two numbers in the course of the summer vacation, one in August and one in September, and we shall be glad to receive contributions from our readers for both of them. In the second week in August the cricket team will be on tour, and we shall be able to give the scores of an interesting series of matches in the West of England, as well as the averages for the season in the August number.

It was a disappointment, but not a surprise, that the new laboratories and dental rooms were not formally opened on the 6th. It has not been that Annus Mirabilis, a builder's year. The pavilion on the new ground has also made less progress than was hoped. In fact, it is said that the plans of the building have had to be entirely recast.

We print elsewhere a growl from an old Guy's man anent the arrangements on "Prize Day." There is much to be said in his favour, and we had ourselves an uncomfortable suspicion that the refreshments in the Fives Courts and on the odd lockers in the park savoured of "shoddy," and ought to be improved upon a future occasion.

The Debating Society, of which a good deal has been heard lately about the Hospital, has, we gather, fixed its first meeting for the 8th of October. The first debate is likely to evoke much passionate speaking: for after the elections which have now been decided, and after the interesting meeting of Parliament in August, what more thoroughly debateable subject could be brought before the Society than that which it is said will be proposed by Mr. Mackeson: "That this Society deplores the return of Mr. Gladstone to power." The opposition will probably be led by Mr. Hopkins. The Chairman will have his work cut out for him if he executes his duties faithfully, for the limits of such a topic are not easy to define. But the Committee, no doubt, was wise to indulge at the first meeting the zealous members on whom the Society depends for its vitality, and to allow them to find their wings in their first flight unhampered by any too close restrictions.

The Debating Society is, we understand, at present not to count as a constituent institution in the Union. The Council of the Union thought apparently that clubs and societies should not be admitted to the Union till they had given proof of their vitality and claim to existence. A preliminary meeting, the election of a committee, and the collection of a certain number of half-crowns, may argue viability, but does not necessarily prove it. And though most members of the Union will, doubtless, admit that there should be a Debating Society in the Hospital, and that that society should be a part of the Union, it is clearly not the duty of the Union to create clubs and societies. The Union system is not the same thing but essentially different from a system of State socialism. We can readily understand, too, that in the case of the Debating Society the Council had no compunction in acting upon this, which must be its guiding principle. For a Debating Society can be worked without funds; at any rate, a sixpenny subscription would cover all necessary expenditure. The one essential is the men of energy and debating powers.

The residents who have just visited the Norfolk Broads started on such good terms with themselves that it was with something like surprise that we noticed Dr. Hale White's H.P. had returned with his arm in a sling. He tells us, however, that party feeling runs very high in Norfolk, and we can quite believe it.

We visited the ground the other day, and were pleased to see that in spite of very heavy

rain the practice wickets were playing very fast and true. This is a good omen, for there were not wanting those who predicted that the ground would turn out a wet one. It is almost too early to predict, but we venture to suggest that it has had already a severe trial, and has not been found wanting.

THE United Hospitals made very short work of the Edinburgh University in the athletic competition, which has now become an annual fixture. We were glad to see Guy's again well to the fore, but at the same time some of the Edinburgh men performed much below their true form.

THE fives tournament is approaching its final stages. It has been productive of many surprises, none more so than the defeat of the honorary secretaries, who were greatly "fancied." Now the rough element has been weeded out some good play ought to be seen in the semi-finals. Our only tenor ought to run the winner very close.

DEMONSTRATIONS ON ANÆSTHETICS, BY DR. SILK.

No. III.—"GAS AND ETHER."—*Continued.* CHLOROFORM, MIXTURES, &c.

The method of administering Nitrous Oxide and Ether in combination, of which I gave you a somewhat imperfect account in my last Demonstration, might perhaps be termed the plan of nitrogenising the Ether, or, in other words, we rely mainly upon the Ether to maintain the anæsthesia, merely using the Nitrous Oxide as an adjunct to the induction of the narcosis; to all intents and purposes, therefore, the anæsthesia is an Ether anæsthesia.

Before passing on to the subject of Chloroform, I want to say a few words about another plan of combining Nitrous Oxide and Ether which, perhaps, you may find useful in small operations. I allude to what may be termed the plan of Etherising the Nitrous Oxide, that is, to rely mainly upon the Nitrous Oxide, but to increase the anæsthetic power of that substance by throwing in small quantities of Ether vapour. At present this principle is almost entirely confined to dental work, but there is no real reason why it should not be used in very many small operations, such as opening and scraping out abscesses, &c. To carry out this principle you may employ any of the methods I have already mentioned, *i.e.*, the simple substitution plan; the large Clover, or the modified small Clover, or you may use that modification of the small Clover which we employ in the Dental Extraction Room here; but in using them you must bear in mind the principle which I have already laid down, viz., that you rely mainly upon the Nitrous Oxide.

The essential parts of Clover's Small or Portable Ether Apparatus are the whistle-ended tube (Fig. 2) and the Ether chamber (Fig. 3). To the former is attached the face-piece, to the latter the reservoir bag is appended.

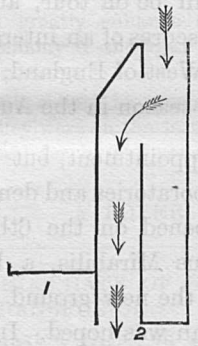


Fig. 2.

The whistle-ended tube (Fig. 2) is divided into two by a partition running down its centre, so that it consists practically of two tubes, one of which is blocked at the end nearest the face-piece; this is done to obviate the unpleasantness which might arise from the liquid flowing on to the face.

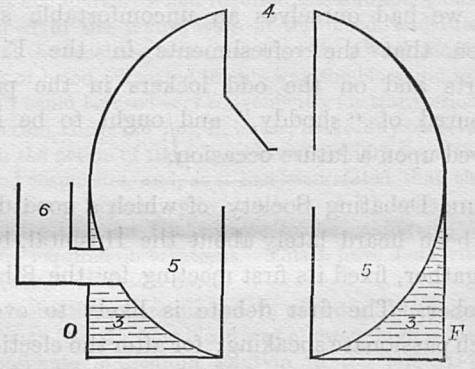


Fig. 3.

The Ether chamber (Fig. 3) consists of a metal globe through which runs a suitably shaped tube; this tube is for the reception of the whistle-ended tube above mentioned at one end, and the tube carrying the reservoir bag at the other (4). The chamber is charged with Ether through the pipe 6. The lower half of the globe is surrounded with a short cylinder, into which water is poured at the time of manufacture; this constitutes the water-jacket (3), and it is this water which causes the splashing sound when the empty chamber is shaken.

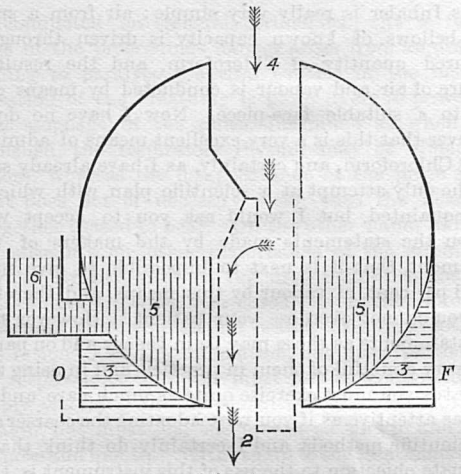


Fig. 4.

Fig. 4 shows the two parts of the apparatus in position, and the chamber charged with ether through 6. The index points to 0, the course of the air is represented by the arrows; no Ether vapour is passing into the face-piece.

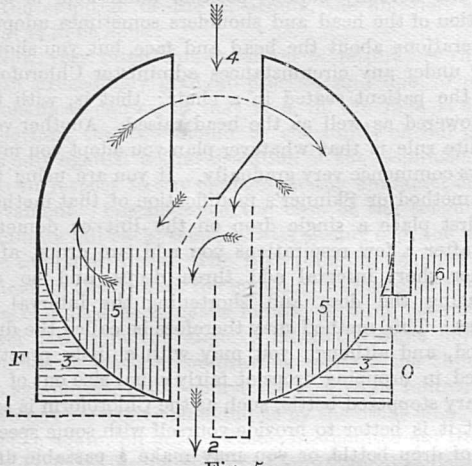


Fig. 5.

Fig. 5 shows what happens when the Ether chamber is rotated so that the index points to F. All the air that passes into the chamber meets, and is charged with Ether vapour arising from 5, and so passes out into the face-piece. In intermediate positions of the index, of course, part of the air goes one way and part the other.

In selecting an apparatus of this sort, it is very important to ascertain that the tubes and openings are sufficiently large; in many instances this is not the case, and partial asphyxia is constantly arising from the use of imperfect instruments. The Ether is then unjustly blamed.

Now, as to the actual use of these instruments in Etherising the Nitrous Oxide. Say, for instance, that you want to extract a particularly tough old molar.

Now, obviously, in such a case as this, you do not want to disturb the patient any more than if he were taking gas alone, so you let him have a good half-dozen respirations of pure gas first, and then you turn on the Ether much more rapidly, and much more fully, than if you were giving Ether alone. In dental cases you may, by this means, prolong the anæsthesia from the average of 36 seconds, due to gas alone, to upward of 50 seconds, and of course this amount of prolongation is of considerable value in the hands of a skilful dentist; the only trouble that you are at all likely to meet with in these cases, apart, of course, from those due to Nitrous Oxide alone, and to which I have already alluded, is spasm of the glottis due to too great a strength of the vapour; this, of course, you will overcome by at once turning off the Ether, though you need not take away the face-piece. The patients come round nearly as quickly and nearly as thoroughly as after gas alone; there may be a little temporary excitement, and possibly a little headache for an hour or so. I am inclined to think that the action of the Ether as thus administered is due in great measure, though of course not entirely, to the local action of the drug upon the gums and mucous membranes of the mouth.

I now come to the question of Chloroform administration. If my remarks upon this subject are comparatively brief, I beg of you not to run away with the idea that I think lightly of it; this is so far from being the case that I am, on the contrary, decidedly of opinion that the administration of Chloroform requires greater care, closer attention, and is the source of greater anxiety to the anæsthetist, and of more danger to the patient, than all the other anæsthetics put together. Anyway, you cannot get over the fact that deaths, during the administration of Chloroform, are appallingly numerous.

My reasons for being brief on the point are that my colleague, Mr. Bird, will probably treat the matter more fully, and of course far more ably, than I could hope to do; and then, again, there are so few instruments used in its administration that require anything like a formal explanation or demonstration.

	Liquid.	Vapour.				
	B. P.	Sp. gr.	Saturation per centage at 40°	60°	80°	Strength required.
Nitrous Oxide	...	1·5	...	...	...	Pure.
Ether	95°	2·5	27	46	71	Over 30 %
Chloroform ...	142°	4·2	6	12	26	Under 4 %
A. C. E. ...	95°	2·9	...	...	...	Under 12 %

The reason for this you will see at once if you will go back to our old friend the Table, and will contrast the figures with those given under the head of Ether. The boiling point is much higher and consequently there is less rapid loss of heat, and the rate of evaporation is slower and more even; then, again, the vapour weighs nearly twice as much as that of Ether, and more than four times the weight of air, so that it tends to fall almost like a piece of lead into the patient's open mouth; it is not either,

as the three next columns show, nearly so diffusible as Ether, and therefore there is less waste, and less need for economising by means of bags, &c.; finally, its anæsthetic strength relative to Ether is so great, that it becomes a question of how to give enough air with it rather than how to give enough of the drug itself.

The problems before us then are these:—

1. To present the vapour in a sufficiently diluted form.
2. To maintain an equable rate of evaporation.
3. To regulate the supply of vapour.

You will gather from this, that, in contrast to Ether, the "open method" is not only applicable, but is distinctly to be preferred, so that you can easily induce Chloroform narcosis by sprinkling the drug on a piece of rag or lint; but to my mind this is not a good plan, because the irregular way in which the liquid is distributed over the evaporating surface tends to encourage the formation of cones of pure vapour, or in other words, to the irregular distribution of the vapour. An undoubted improvement upon this plan is that which I know as the Scotch method, or perhaps as one ought more properly to call it "the towel method," in which a folded towel is carried round the chin of the patient and the liquid is dropped upon the free margin of this towel, leaving the face fully exposed to view; you see by this plan the vapour is drawn in with the main current of air, instead of falling directly into the mouth by its own weight, in point of fact, in this method one is apparently, and I think rightly, more anxious to give air than to give Chloroform. The great objection to this device is its extreme wastefulness, and although of course mere expense should not stand in the way when either the safety or comfort of our patients are concerned, yet at the same time I suppose that there are limits, and that if the same results are obtainable by more economical means, there can be no objection to adopting them; you will, however, find this towel method very useful in the cases one occasionally meets with, in which the patient cannot tolerate anything in the shape of a face-piece, and you would, therefore, do well to practice it. The plan for which I must confess that I have a partiality, is that known as "Skinner's," the principle of which is to spread a very thin film of the liquid over a piece of wide-meshed material, such as domette, tightly stretched over a wire frame and held just above the patient's nose and mouth; the idea is of course that the wide meshes of the domette permit of the minute subdivisions of the cones of vapour to which I have already alluded. But all these plans, as you will at once perceive, lack any pretence to being scientific, and the safety and success attending their use must depend much more upon the skill and care of the administrator rather than upon any merit in the plan itself, but, on the other hand, I maintain that this must always be the case in every Chloroform administration. An attempt to eliminate what I think it is usual to call the "personal equation," is seen in the construction of the instrument known as Junker's Inhaler. The principle of this Inhaler is really very simple: air from a small hand-bellows of known capacity is driven through a measured quantity of Chloroform, and the resulting mixture of air and vapour is conducted by means of a tube to a suitable face-piece. Now I have no doubt whatever that this is a very excellent means of administering Chloroform, and certainly, as I have already said, it is the only attempt at a scientific plan with which I am acquainted, but I would ask you to accept with caution the statements made by the makers of this instrument, that it is next to impossible to give more than 3 per cent. of vapour by this means, and therefore that you cannot overdose your patient. However true such statements as these may be in theory and on paper, I am very doubtful of them in practice, and in using this apparatus you must exercise quite as much care and be quite as attentive as if you were adopting the coarser and less scientific methods, and I certainly do think that a legitimate objection to the use of this instrument is, that it is liable to induce over confidence in the administrator.

Next, as to the actual process of administration. First, as to the position of the patient. It is an absolute rule that whenever you administer Chloroform the patient should be lying down. The only departure from the actually supine position admissible is that elevation of the head and shoulders sometimes adopted in operations about the head and face, but you should never under any circumstances administer Chloroform with the patient seated in a chair; that is, with the feet lowered as well as the head raised. Another very absolute rule is that whatever plan you adopt you must always commence very gradually. If you are using the open method or Skinner's modification of that method, you first place a single drop on the lint or domette, then after a few respirations you add two drops, after another short interval add three drops, and so on, increasing the dose and shortening the interval by degrees. This method may therefore be called the drop method, and although you may with a little practice succeed in dropping drops of fairly equal size out of an ordinary stoppered bottle, such as the Chloroform is sold in, yet it is better to provide yourself with some special form of drop bottle, or you may make a passable drop bottle by cutting a nitch in a cork of an ordinary three or four ounce vial. A rule—possibly of secondary, but still I think of considerable importance—is, that when the stage of excitement supervenes you should push the Anæsthetic rapidly, so as to shorten this stage as much as you can, for it is essentially a dangerous stage.

I shall pass over the ordinary symptoms of the anæsthesia and come at once to the special dangers. At the very outset your patient may be seized with sudden and even fatal syncope within a few seconds of commencing to inhale. It is, of course, a question as to whether this syncope is due to the Chloroform, or whether it should not rather be attributed to fright pure and simple, but it is, I think, at least curious that though not absolutely unknown, it is at least very rare with Ether. The treatment of this syncope must

be conducted on general principles. At a further stage of the proceedings danger arises from an overdose tending to paralyse the vital centres in the medulla. Cessation of the breathing is more likely to prove fatal than stoppage of the pulse, inasmuch as when once abolished, the respiratory rhythm may be difficult to restore, whereas the disappearance of the pulse at the wrist does not of necessity mean that the heart has altogether ceased to beat. On the other hand, failure of the pulse or some other disturbance of the circulation, such as lividity, may be the first indication that the vital centres are being over-dosed. It is therefore most important that you should watch carefully both the respirations and the circulation, but more particularly the respirations, and you must not be contented with simply watching the movements of the chest and diaphragm, but must feel the breath passing in and out of the nose and mouth. With regard to the treatment of this condition, I would first say this, don't be over-energetic. As long as the patient is breathing, however feebly, let him alone; even if you cannot feel the pulse at the wrist, content yourself simply with withdrawing the Anæsthetic. His life is hanging by a thread: don't try to shake it out of him. When, however, you are assured of the stoppage of the breathing, the question arises, what is to be done?

Now, very often this cessation of respiratory rhythm is an exceedingly gradual process, and due to purely mechanical causes, so that it is in the highest degree important that we should be constantly on our guard, not only against actual cessation of the respiration, but also in respect to any changes in the character of that movement. For instance, the base of the tongue may gradually fall back, the epiglottis closing over the glottis like the lid of a box. The first thing to do then is, of course, to ensure that the opening of the glottis is clear; this can best be done by forcibly pushing forward the lower jaw from the angles; much the same object is attained by raising, and drawing forward the chin from the symphysis, but of course the pull being indirect, you have not the same command as by the other plan.

Then again, Sir Joseph Lister has pointed out that the gradual dropping together of the glosso-epiglottidean folds over the glottis, may give rise most insidiously to a form of asphyxia. It is in this class of case more particularly that pulling upon the tip of the tongue is most likely to be of service, and as you can never be quite certain that you may not be having to deal with one of these cases, you should, as a matter of routine, pull out the tongue with a pair of forceps attached to the tip. But do not make any mistake about this proceeding; by pulling on the tip of the tongue you do not in the slightest move the base mechanically. The action is probably entirely reflex; retraction of the folds covering the glottis taking place partly in consequence of the pressure of the forceps on the tongue, and partly as the result of the irritation of the under surface of the tongue against the lower teeth.

You may now pass your finger into the mouth, so as to ascertain that no mechanical obstruction, such as false teeth, exists, and if there is much mucus you should swab it out with a sponge. While you are about it, it is as well to pass your finger well back, so as to feel the vocal cords, for the irritation thus produced may occasionally set up a most helpful cough.

In practice all this should be done in a very few seconds.

Your next step should be to commence artificial respiration, at first in a modified way by simply pressing upon the chest, then by the more systematic methods of Sylvester or Howard, or both combined, and you must continue your efforts in this direction most perseveringly for at least on hour, and even longer if there is any sign of returning life.

You may also try inversion of the patient—that is, hanging him up by the heels; this is easy enough with a child, but rather more difficult, though not impossible, with an adult. The mistake usually made with inversion is that it is maintained too long. Its action probably depends upon the momentary stimulation of the vital centres and cardiac cavities by the sudden influx of blood, even although that blood is but poorly oxygenated; obviously, therefore, if the position is maintained for any length of time, more harm than good is likely to result. You may limit this action of the sudden influx of blood to the cardiac cavities alone if, instead of inverting the whole body, you raise the limbs to a right angle; but here, again, the movement must be but momentary, and be alternated with lowering the limbs, otherwise the blood, charged as it is with such a virulent poison as Chloroform vapour, and becoming stagnant in the heart, will paralyse rather than stimulate it.

Let me recapitulate these very important points.

What you must do in cases of suspected death from Chloroform, or, for that matter, from any other anæsthetic, is—

1. Lift up the base of the tongue by pressing forward the jaw.
2. Excite reflex action in the neighbourhood of the glottis by pulling on the tip of the tongue.
3. Clear the mouth of mucus or any mechanical obstruction to the passage of air.
4. Perform artificial respiration perseveringly.
5. Invert either the whole body or only raise the limbs, but do not maintain the inverted position for more than a few seconds at a time.

It is very important that you should try all these plans, and I think that if one or other of them does not succeed the case will generally prove to be hopeless.

Many other devices have been suggested, and there is no reason that you should not try them, but you must do so on the distinct understanding that they must not be allowed to interfere with the prior attempts in the directions I have mentioned, and above all, that you do not intermit in the persevering performance of artificial respiration. Among these secondary plans may be mentioned—

a. The application of hot sponges over the cardiac area, and rubbing the limbs, with a view to stimulate the heart and assist the circulation.

b. Hot sponges to the perineum, &c., to promote reflex inspiration. Cold suffusions to the head and neck for the same purpose.

c. The inhalation of the vapour of Nitrite of Amyl, with a view to dilate the blood vessels and so relieve the engorged heart and lungs.

d. Electrical stimulation. One pole may be pressed into the neck in the neighbourhood of the pneumogastric, the other applied at short intervals to the cardiac area, or a needle may be passed right into the heart substance, and connected with one of the terminals of the battery. Or one pole may be applied at the edge of the sterno-mastoid, where the phrenic nerve comes out, and the other pole applied intermittingly at the edge of the diaphragm and ribs.

e. Hypodermic injections. In these I have but little, if any, faith. Those which seem to be of most value are Digitaline, and Strychnine. Brandy or Ether may be used if you like to act upon the principle of "*giving a man a hair of the dog that bit him.*"

f. Inflation of the lungs by mouth to mouth, or by means of tubes, which may in some instances be passed right into the glottis.

g. Of course I need hardly say that if any mechanical obstruction to the breathing exists, you will be prepared to perform tracheotomy, but as a general rule this is seldom called for.

It seems very probable that the intra-venous injection of salt solution may prove to be of service in these cases, but I do not know that it has ever been tried.

If your efforts have been so far successful that voluntary respiratory movements have reappeared, you must not relax your artificial respiration until these voluntary movements are well-established, but in the meantime you can order a hot enema consisting of brandy, beef-tea and milk (an ounce of each), with a little salt. The patient must be well packed round with hot bottles, and as soon as possible removed to a warm bed, where he must lie with the feet of the bed raised slightly, and only a very thin support to the head. For some hours he must on no account be left, as these cases are very liable to relapse.

With regard to the administration of mixtures, all that I have time to say is this. As the strength of a chain is in its weakest link, so the danger of an anæsthetic mixture is in its most powerful component. Most mixtures contain Chloroform, and so they should be administered with precisely the same care as if consisting of that drug alone. The best known of these mixtures is that known as the A.C.E., consisting of Absolute Alcohol, Chloroform and Ether, in the proportions of 1, 2, 3. This mixture should not be given in a closed or bag inhaler, but at most by the semi-open method. It may be administered on a piece of lint or towel end, but the process is very slow, and of course one can give it with perfect safety out of a Junker.

This, Gentlemen, concludes my course of demonstrations for this session, and I am much obliged to you for having listened to me so patiently.

Hospital News.

IN THE WARDS.

Under Dr. Pye-Smith.

Philip 38.—Acute nephritis. Erythematous rash all over the body.
30.—Rigidity of both arms and legs. Athetosis. Spasm of facial muscles. Exaggerated reflexes. Condition due to meningeal hæmorrhage at birth.
34.—Aneurysm of aorta.
39.—Ascites. Cirrhosis of liver.
Mary 30.—Pityriasis rubra.
34.—Anæmia. Dilated stomach. Hæmatemesis. Enlarged spleen. Examination of the blood showed 37 per cent. red blood corpuscles, 25 to 30 per cent. hæmoglobin (?) and white corpuscles: red :: 1 : 75.
26.—Typhoid fever.

Under Dr. Taylor.

Stephen 7.—Aortic stenosis and regurgitation; well marked *to and fro bruit*. The diastolic very musical in character.
16.—Cirrhosis of liver. Peripheral neuritis.
3.—Mitral stenosis and regurgitation.
13.—Syphilitic stenosis of bronchi.
(By mistake this case was noted in the last Gazette as Syphilitic laryngitis.)
1.—Phthisis both sides. Tubercular laryngitis.
4.—Idiopathic muscular atrophy.
18.—Aneurysm of aorta (probably posterior part of the arch affected). Unequal pulses. Paralysis of left cord and well-marked tracheal tugging. The patient is now suffering from an attack of bronchitis.
9.—Pain in lumbar region. Oxaluria.
8.—Mitral stenosis and regurgitation. Tricuspid regurgitation.
15.—Pneumonia left base.
Mary 44.—Chorea. Patient æt. 35.
39.—Paraplegia. ? Cause.
42.—Epistaxis. Abdominal tumour. ? Malignant ovarian.
46.—Idiopathic muscular atrophy.

Under Dr. Goodhart.

Philip 20.—Ascites. Enlarged liver. Growth in omentum. ? Perihepatitis and chronic peritonitis.
9.—Peripheral neuritis. Nystagmus.
18.—Aortic stenosis and regurgitation.
6.—Aortic stenosis and mitral regurgitation.
11.—Diabetes mellitus.
Mary 22.—Left hemiplegia. Face, arm and leg affected. Exaggerated knee-jerk. Ankle clonus. ? Cerebral tumour.
Cot 50.—Cerebral tumour.
20.—Vomiting. Hysteria.

MARY 13.—*Locomotor ataxy.*
21.—Peripheral neuritis.

UNDER DR. HALE WHITE.

STEPHEN 22.—Mitral stenosis and regurgitation. At the point of cardiac impulse a systolic and early diastolic murmurs heard. At a point ¾ inch internal to the nipple a systolic and mid-diastolic murmurs heard. Diastolic thrill felt.
28.—Mitral stenosis and regurgitation. Systolic and presystolic murmurs at point of cardiac impulse.
30.—Syphilitic arthritis.
33.—Gonorrhœal arthritis and ophthalmia.
39.—? Ulcerative endocarditis.
40.—? Ulcerative endocarditis.

MARY 2.—Mitral stenosis and regurgitation. Aortic regurgitation.
7.—Typhoid fever.
11.—Psoriasis.
3.—Mitral regurgitation.
9.—Mitral stenosis and regurgitation. Erythema rheumatica. Well-marked presystolic and systolic murmurs.

UNDER MR. LUCAS.

LYDIA 15.—L. W., æt. 16. Admitted for stiffness and pain in neck. Thinks mother's brother died of consumption, also two cousins on mother's side; no other history of phthisis. Five months ago patient was confined to bed twelve weeks with acute rheumatism; about three weeks after this illness began patient found her neck stiff, with pain felt just below mastoid process, sometimes on one side, sometimes on the other; the rheumatism cleared up, leaving patient able to get about, but with marked torticollis, the chin pointing to right. Trapezii very rigid, especially right. Rotation of head is very slight, if any; flexion and extension are scarcely affected at all. There is no pain on pressure or percussion over cervical vertebræ, but on pressing head firmly downwards patient complains of some pain on left side of neck; a projecting bony prominence, ? transverse process of third cervical vertebra, can be felt very distinctly on right side behind, but no pain or tenderness over it. If asked to sit up in bed, patient at once attempts to support her head with both hands as she rises, but when sitting up is not obliged to support head thus. Cardiac bruits, presystolic and systolic mitral at apex; nothing abnormal in lungs. When patient was admitted there was some pain in swallowing, but this has disappeared. Salicylates were given for two days, and there seemed to be some improvement; at present mist. ol. morrhuæ et ferri, and rest, keeping neck fixed by sandbags. Temperature ranges between 99° and 100°.

CHARITY 4.—W. S., æt. 3. Admitted for swelling in back. A week before admission patient fell off a chair; no injury noticed at time. Two days later patient was noticed to be fretful and crying as if back were painful; soon after this a small swelling was observed, which in spite of lotions became rapidly larger. When seen in Surgery there was a large fluctuating swelling on right side of back, extending from crest of ilium to fourth or fifth rib, and above this, almost continuous, but apparently separated by a slight septum, another fluctuating swelling extending almost to upper border of scapula. Skin normal; no redness; no abnormal heat. At first sight, spinal abscess occurred to one; but there was no irregularity of vertebræ; and tenderness, though considerable over the swelling, was not particularly marked over the vertebræ; no paralysis. Under anæsthetic incision made, and large quantity of apparently breaking down blood-clot evacuated; no diseased bone found. It would appear, therefore, that there had been a hæmatoma consequent on the injury. Temperature, which had been 101°, fell directly after operation.

UNDER MR. HOWSE.

ACCIDENT 10.—Compound comminuted fracture of tibia and fibula (railway smash). Skin broken in two places by fibula. Damage to veins, which caused incessant hæmorrhage for 24 hours, for which various expedients were tried, and ultimately Friar's balsam was successful. Mr. Howse decided to give the leg a chance, and the subsequent progress is justifying the decision.

CHARITY 11.—Head injury with epistaxis, no subsequent untoward symptoms.

CHARITY 14.—Mammary abscess in an unmarried patient.

CHARITY 20.—Pain in right lumbar region, hæmaturia. Diagnosis uncertain.

NAAMAN 13.—Stricture of urethra, continuous dilatation of.

UNDER MR. JACOBSON.

ACCIDENT 31.—Depressed fracture of skull. Trephined. Excellent result. Injury caused by fall of an iron bolt from height of about 50 feet. Patient walked into Hospital after momentary unconsciousness.

On admission.—Triradiate wound of scalp over depressed bone, situated near the parietal eminence. No symptoms of compression. Mr. Jacobson arrived about nine hours after admission and decided to operate, his chief reason being that the inner table of the skull was probably more damaged than the outer. On exposure the skull shewed a saucer-shaped depression, the depressed bone being divided into three segments, one of which was pressing vertically on the dura mater, but that membrane was intact. The fissures were stuffed with hair and dirt. The edge of the fracture was trephined, and the pieces, including the crown, were placed in warm 1/2000 Hg. Cl_2, washed and replaced later. As anticipated the inner table was much injured, several loose pieces being removed; one was brought to light by the probe from beneath the cranium at a distance of quite an inch from the edge of the fracture. Mr. Jacobson remarked that such loose pieces are precisely what give rise to Jacksonian epilepsy in cases of spontaneous recovery. At time of writing, five days after operation, the temperature has never exceeded 99·2°, and the wound is healing rapidly.

NAAMAN 16.—Cock's perineal section.

NAAMAN 6.—Strangulated hernia.

NAAMAN 11 and 20.—Those who were in the theatre on Sunday morning, from midnight till 3 a.m., will not forget it quickly; there were two operations, one for strangulated hernia and the other for retention of urine.

In the hernia case the patient (æt. 72) was very stout, and had an umbilical and an inguinal (scrotal) hernia. The former was reducible; the latter had been larger and painful since Wednesday, it was not reducible, and there was no impulse on coughing. Vomiting was conspicuous by its absence, but constipation had been absolute for two days. On opening the sac the viscera were seen to be covered with much fresh lymph, and there were numerous adhesions. On picking the lymph off, the appendix and a bit of the cæcum were seen to be incarcerated together with some omentum. These were returned, and the sac, which was very adherent to the testis and cord, was removed and the wound closed. Unfortunately death from bronchitis occurred about twenty-four hours later.

No. 11, Naaman, was even more interesting than 20. He had been suffering from great retention for about five days, and he had practically passed no urine for two days. The stricture was of traumatic origin.

On admission he managed to squeeze out a few drops of very foul urine; there was swelling in the perineum, and puzzling partial dulness above the pubes half-way up to the navel. His agony was intense. Catheterism had been tried elsewhere but had only resulted in false passages. Mr. Jacobson decided to perform Cock's perineal section; but to every body's surprise only a little thin sanguineous and foul pus could be withdrawn. As it was thought that the bladder was not opened, a Wheelhouse's staff was introduced and the urethra opened in front of the stricture. The canal was then traced back into the bladder, which was explored and verified by the finger, and in which a catheter was left; no urine, however, was drawn off, and the patient had to be replaced in bed in an unsatisfactory condition. He survived only about fifteen hours, during which time no urine was voided.

Post-Mortem.—Kidneys destroyed by ascending nephritis (this would explain the suppression of urine). The bladder much resembled an uterus so thick were its walls; about its neck was an abscess. The perineal incision had opened the urethra.

CLINICAL.

JOHN 6.—M., 50. Three weeks' illness; began, according to history (?), with pain in right side. He became delirious and semi-comatose, in which state he was on admission, with picking at bed-clothes, &c. T. 101°. No optic neuritis; no signs in lungs; no albumen or sugar in urine. Microscopically pus found. Alcoholic habits. He had to be transferred to the strong-room, but is back in the Ward now, and less troublesome and more rational. Diagnosis: Meningitis ?

JOHN 8.—Right apical pneumonia.

JOHN 10.—M., 20. Sixteen years' history of abdominal pain of sudden onset. Abdomen rounded, painful, tender. Abdominal section found brown fluid in peritoneum, without gastric smell, and not very acid. Appendix healthy. Dr. Perry inclined to the diagnosis of duodenal ulcer, which was found post-mortem.

JOHN 13.—M., 19. Profuse recurrent epistaxis. Loud systolic bruit all over chest. Congenital.

MIRIAM 19.—F., 37. Carbolic acid poisoning.

MIRIAM 21.—F., 25. Nitric acid poisoning.

MIRIAM 27.—F., 39. Admitted for hæmatemesis. Liver not enlarged; denies alcoholic habits. Has no pain. Is very thin. Two and a half years ago had pain and great wasting, and says she had Graves' disease, but got better. Is very nervous. No goître; no protrusion of eyes. Red discs 34·5 %, Hb. 40 %; white not increased. ? Cirrhosis. ? Gastric ulcer. ? Gastric growth. ? Graves' disease.

MIRIAM 28.—F., 53. Floating kidney, also tænia solium, and anæmia.

MIRIAM 31.—F., 8. Loud systolic murmur, especially in pulmonary area. Congenital. No clubbed fingers; no cyanosis.

COT.—Paraffin poisoning.

JOHN 5.—M., 5. Carbolic acid poisoning.

JOHN 10.—M., 49. History of abdominal pain and constipation. Said to have passed a piece of his intestine. Tumour right iliac region. Chronic intussusception ?

MIRIAM 23.—F., 6. Came in comatose; pupils unequal (but variable); stertorous breathing. Quite well previous evening. T. 100·4. ? Early optic neuritis. No discharge from ear or nose. By the evening could be roused to say she had been knocked down the previous day at school. Is well now. Meningeal hæmorrhage ?

JOHN 7.—M., 32. Right pneumonia (lower lobe).

COT.—F., 3. Diphtheria. Tracheotomy (July 13). Child doing well.

JOHN 5.—M., 4. Acute Bright.

JOHN 12.—M., 12. Acute Bright.

JOHN 11.—M., 27. Jaundice four days; headache; diarrhœa fourteen days. Had attack of jaundice six months ago; got well. T. 103·6. Fæces clay-like. No liver felt; no lesion found in rectum; no tenderness over liver; tender about umbilicus; no signs in lungs. Diagnosis ?

RECENT PUBLICATIONS.

Cooper, A., and Edwards, F. S. Diseases of the Rectum and Anus. 2nd edition, 8vo. Churchill, 12/-.

Dixey, F. A. Epidemic Influenza. Clarendon Press, 7/6.

Marriage.

PALMER—STEVENSON.—On July 16th, at St. John's Church, Brixton, by the Rev. R. Abbay, M.A., Rector of Earl Loham, F. Bernard Palmer, to Ethel Agnes, eldest daughter of Thomas Stevenson, M.D., F.R.C.P.

Notice.

All Communications, Articles, Letters, Notices, and Books for Review, should be forwarded, accompanied with the name of the sender, to the Editor, GUY'S HOSPITAL GAZETTE, *Guy's Hospital, S.E.*

The annual subscription to the GAZETTE *is 6/6, post free 7/6. All financial communications, as well as subscriptions, should be sent to the Financial Editor,* Mr. C. H. WELLS, MEDICAL OFFICE, GUY'S HOSPITAL.

Any of our Subscribers, who may be desirous of having their numbers of the GAZETTE *for 1891 bound, should leave them with the Librarian as soon as possible.*

The charge for binding in blue, with the Arms of the Hospital in gold, will be ONE SHILLING *and* SIXPENCE.

Guy's Hospital Gazette,

AUGUST 20, 1892.

EDITORIAL.

GUY'S is greatly to be congratulated upon the results of the recent London Intermediate M.B. Examination.

To have taken medals in all four subjects, with the first place in three out of the four, is a result of which we may well be proud.

To Mr. Francis James Steward belong the chief honours. Mr. Steward, besides taking the Exhibition in Organic Chemistry, was first in Anatomy and obtained second place with medal in Physiology. Very seldom indeed in the history of the Inter. M.B. has such a record been equalled. Looking back over the list of successes at this examination we find that on three occasions only have Guy's men made such a position for themselves. Going back as far as 1846 we find that Dr. Habershon took three medals, and in 1859 Dr. Hilton Fagge took the medals in all four subjects, doing what we believe no other candidate has ever done. In those days, however, Anatomy and Physiology were combined, while Botany formed the fourth subject of examination. Under modern regulations we have, in 1885, Dr. Starling's record, with two exhibitions and marks qualifying for a medal in a third subject. In the case of Dr. Starling, however, University shared with Guy's the credit of his position in Physiology. Mr. Steward may well be proud, therefore, of comparison with past performances.

It may be interesting to note at the present time the general Honours record of Guy's at the Intermediate M.B.

Since 1861, when Anatomy and Physiology became separate subjects, we have taken a medal in the former nine times and in the latter five times only. In Chemistry we are much more to the fore, having taken no less than sixteen medals in Chemistry proper and ten medals while the subject was combined with Materia Medica—that is to say, twenty-six medals from fifty-four examinations. The Materia Medica record is peculiar. From 1840 to 1860 Guy's men were first almost every consecutive year, and later, while the subject was combined with Chemistry, as mentioned above, the medal continued to fall to us; but, strange to say, since the two subjects were again separated we have taken it but once before the present year. This was in the first year of the separation (1877), when no less than eight medals were awarded in Materia Medica, Dr. Wooldridge taking one of them. Mr. Harold Nolan, who has now obtained the medal after an interval of fifteen years, is to be heartily congratulated on returning to the old tradition.

Mr. Steward was educated at the Bedford Grammar School, where we believe he had a splendid record, being to the front not only as a prize-winner, but also as an athlete—a combination which may well account for his continued success as a hospital man. He obtained the Guy's Entrance Scholarship in Science, and we use this opportunity of suggesting that the Hospital may take credit for wisdom in the establishment of these Scholarships. Boys who have done brilliantly

at school are likely to go where such opportunities are offered, and the Institution thereby obtains exceptional material. We trust that, with the coming *regime* of increased fees, the authorities may see their way to increasing the number of these desirable attractions.

AN INTRODUCTION TO HUMAN PHYSIOLOGY.

By Augustus D. Waller, M.D.,

Lecturer on Physiology at St. Mary's Hospital Medical School, &c.

London: Longmans, Green & Co., 1891. 8vo., pp. 612.

In the preface the author states succinctly his views as a teacher of Physiology. He says:—"Physiology does not consist in a knowledge of recondite phenomena, of difficult names, and of complicated instruments. It should fundamentally consist in the living mental picture of what the great organs below a man's skin are like, what they are doing, how they can be examined, what happens when they are not working properly, how their actions hang together. But Physiology contains more than this, and in sparing measure it is well that the 'Institutes of Medicine' should not be restricted to the visibly useful or to the obviously utilizable." A strong plea is urged on behalf of practical work, on the ground that "not merely does it put into the hands of the student the methods of every-day chemistry and physics, but because it helps him to correct that credulous bias or primitive suggestibility which is a physiological property of the human brain, and only too apt to be fostered by unmitigated book-work. *Practical* Physiology is a natural discipline as well as a useful technique."

The plan of the book is indicated in the preface, and we commend the arrangement by which certain facts are assigned to first year's students, and others are reserved for those preparing for higher examinations after their second year. "But some subjects of unmistakable difficulty have not been so marked out, because their great practical importance demands early and patient study from every student of medicine." The Bibliography, "added after some hesitation," enables the text to be lightened of names, and we quite agree that "for junior students it might be of assistance to know whether doctrines or statements date from last year or from last century." We disagree with the author as to the non-insertion of names and dates in the text, and believe that it enhances the value of a work to a historical mind, and some students are historically minded, to have the names of great discoverers associated in the text with their work. It links individuals with facts and theories, and we venture to think that others than junior students will scarcely be at the pains to refer constantly to a Bibliography at the end of the book as they are reading. The history of physiological discovery has yet to be written, and we trust it may soon be undertaken by competent hands. It is perhaps too vast a subject to engage the energy of one individual. When the exceptions are found to the non-introduction of names in the text these are generally in favour of English investigators.

Physiology here is treated from three points of view, and the book is naturally divided into three parts, viz.: the phenomena of nutrition; of excitation, including the muscles and the nervous system with the special senses; lastly, developmental phenomena.

In reading this work, the first point that strikes us is that a great effort has been made to bring the text up to date, and not without considerable success, *e.g.*, Bradford's epoch-making work on the kidney, which was brought before the Physiological Society a month or two before the book appeared. Another good feature is the judicious use of classification in various sections. There is not so strained an attempt in this direction as to give rise to the suspicion that it is a mere cram-book intended for those preparing for examination, nor is there such an absence as that which renders a text-book seductive but unprofitable for beginners. The effort made to familiarise the reader with decimal measures and weights, is worthy of notice; and we would hope that from all succeeding text-books the antiquated system of measures obtaining in England may be abolished, and so pave the way for the adoption of the decimal system in its entirety in this country.

Points of direct pathological bearing are made much of. We think this indicates a distinct gap in scientific literature. The day is not far distant when a systematic work must be forthcoming, which will treat of Physiology as applied to the problems of medicine and surgery, to be placed in the student's hand at the commencement of his clinical work. Such a work on anatomy is already published, and it behoves physiologists not to stay too much in the rear of their anatomical confrères.

No work on physiology can be complete without some knowledge of the minute anatomy of the parts under discussion being included in the text. Here is found a brief and accurate account of the main histological features of the tissues and organs. Diagrams and representations of the various instruments used, and reproductions of tracings are introduced with no little profit to the reader.

A certain amount of physiological chemistry is introduced throughout the pages, and that which is found is indicative of the great strides made in recent years in this branch of the science. We could wish to see in a second edition a slighter notice in the text but a fuller appendix on this subject.

There are too many good points to be passed over with mere cursory notice, so we do not hesitate to speak more precisely of them. In discussing the nature of fibrin-ferment, it is pointed out that Halliburton has shown that it is probably of the nature of, or closely associated with, globulin. We observe, too, on p. 50, that the

prolonged discussion as to the cause of the first sound of the heart is set at rest by the frank admission that it is partly the result of muscular contraction and partly of valve-closure. Roy and Adams's work on the action of the papillary muscles of the heart is noticed. The sphygmograph is alluded to as an instrument by which certain characters of the pulse can be demonstrated, but as having no valid claim to be regarded as providing any clinical information which is not furnished by a skilled *touch*. The final remark on the value of the sphygmograph is that "it had better be avoided rather than carelessly used"—a juster criticism than that which flippantly speaks of it as a physiological toy. We observe, too, that in speaking of the cause of the dicrotic wave, Von Frey's work as to its peripheral origin under certain circumstances in dogs, is quoted. The futility of all present speculations and observations on the mechanism of rhythmic contractility in the heart is plainly set forth on p. 87, and in connection with this, Stannius' *experiment, and its precise significance receives masterly* treatment in Dr. Waller's hands. But much good work is now being done in this subject, and it will not be long before the cloud clears. *A propos* of the action of drugs on the heart, the author invites the students to consider the value of three kinds of statements—descriptive statements, definite and open to proof and disproof; inferential statements, liable to be indefinite and impregnable by proof or disproof; composite statements, involving in the same words description and interpretation, which are treacherous and embarrassing. This will be found, on reference to p. 94, to be an expression of the spirit of severe criticism with which Dr. Waller treats a subject too liable by the ambiguity of the interpretation of its facts to lead to loose and slovenly deductions.

In the chapter on respiration we find an explanation of, and free use of the term "respiratory quotient." Under the heading of Muscle-Respiration tissue—or internal respiration is well dealt with, but we miss a *sufficiently full account of Head's experiments on* distension and collapse of the lung as a factor in the production of the respiratory rhythm. Traube-Hering curves require elucidation, and here we have no attempt in that direction.

As a prelude to digestion, a page or two treats with profit of the general drift of that process. On the question of secretion, Langley's work on the changes observable in salivary glands is well condensed and brought into the text. The phases in the transformation of proteids in the stomach and intestines are clearly set forth, and a commendable effort is made in page 186 to reconcile differing nomenclatures of the bye-products of proteid digestion. On page 189, Bunge's work on the antiseptic action of gastric juice is alluded to, but we could wish that the startling experiment had been quoted which evidenced that it is quite possible for a dog to live and thrive for four years after the removal of the stomach. An experiment of this nature points to this, that the exalted idea of the capabilities and action of the stomach current amongst medical men and the laity, has but a narrow foundation in fact. A brief resumé of the chemistry of proteid and allied bodies is introduced on page 191 into the text, but we think that lardacein should be placed in the proteid, and not in the albuminoid group. Wooldridge's pioneering work on the immunity produced in certain diseases by the injection of albumose, derived from the activity of bacteria producing these diseases, is mentioned in page 194.

In the chapter on the functions of the liver, a careful insistence on the relationship of bile and other pigments to hæmoglobin is very apposite. With regard to the glycogenic functions of the liver, Bernand's and Pavy's views are fairly stated, and experiments adduced *pro* and *con*. Chapter VI., of Part I., dealing with the subject of Renal Excretion, is worthy of careful reading, and we see that Adams's objection to Nussbaum's experiment on the amphibian kidney is quoted; also that Kjedahl's method of the estimation of nitrogen as *modified by Argartinsky is fully stated; and that Neu*bauer's process for the estimation of Kreatinin by the use of chloride of zinc is included in the text.

The questions involved in food, nutrition and excretion are well dealt with, and Dr. Waller's treatment of these intricate problems will render them easier of conception, especially as he avoids the prolixity of other books. It is satisfactory not to see Lawes and Gilbert's pig dragged into the text. In the matter of animal heat, a description of the calorimeter, together with the sources and possibilities of experimental errors in its employment elucidate the succeeding remarks on that subject.

"Muscle" is dealt with in two parts, an introduction descriptive of electro-physiological apparatus, and a second part, treating of the histological characters and the physiological properties of muscle. The introduction is pleasing and helpful; but in the latter we must confess to disappointment. The physiology of "Nerve" is well handled, although we doubt the value or necessity of a full disquisition on Pflüger's law. Ritter's tetanus, and "paradoxical contraction," are placed in the text, while the subject of Electrotonus is so discussed and illustrated as to be within the tiro's grasp.

A welcome chapter is the one on animal electricity. On page 385 we find a very good analogy illustrating the mechanism of diphasic variation in muscle and nerve. In connection with the electro-motive phenomena of the heart, the triphasic variation observed by Bayliss and Starling is recorded in the text.

The account of the physical data bearing on light and vision is admirable, while the physiology of the eye, as treated by the author, does justice to the researches of Helmholz, and Hering, and others.

In treating of the path of sensory impulses in the spinal cord, the researches of Gotch, Horsley, and Mott are spoken of, inasmuch as they yield evidence in opposition to the older and time-honoured opinion of the Paris school, originating with Brown-Séquard. The term "centre for" is justly depreciated; it is pushed to the verge of absurdity when extended to so-called

"centres"—the vomiting, convulsive, crying, laughing centres. Such pigeon-holing in the floor of the fourth ventricle of the functions of the central nervous system is ridiculous. The phenomenon called "tendon-reflex" is shown not to be a true reflex, but dependent on the musculo-tonic action of the spinal cord, which keeps the whole muscular system in a state of slight contraction.

Certain weak points, however, are observable about the book, notably in dealing with "intestinal absorption" and the sympathetic system. We miss all mention of "tissue-fibrinogens"; also of Schiff's test for uric acid, and of Pavy's fluid for testing sugar. We would also suggest that we have not been accustomed to consider typical leucocytes as twice the size of the ordinary red blood corpuscle. The account dealing with bile, with the exception of the derivation of bile pigments, is scanty; and we think that Wooldridge's work on Blood Coagulation merits far more mention than is found in the text. We also find no distinct reference to the recent work on the nerve mechanism regulating animal heat. Occasionally the author glides into physiological slang, as when he uses the expression "blood is laked." Such expressions are doubtless in use in laboratories. The leucocyte is also said to "go to the bad" when it becomes a pus cell.

But such small matters do not detract in any serious degree from the work, which is rendered eminently readable by the use of many happy expressions.

To sum up, we congratulate Dr. Waller heartily upon the appearance of this work. He has supplied a distinct gap in physiological text-book literature for students. On the one hand there are admirable but somewhat bulky and ponderous volumes, seductive to the reader but lacking emphasis of the main fact and arrangement of detail, while on the other hand there are elementary manuals which do not give a true reflex of the present condition of physiological science. The author has carefully steered between these two extremes; and by avoiding prolixity, together with careful digestion of subject-matter, has produced a work well up to date, accurate in detail, of moderate dimensions, and pleasant to read on account of its intrinsic literary merit. We would recommend its adoption as a text-book for the pass-examinations, especially those of the higher grade.

A. H. T.

ARMY MEDICAL DEPARTMENT.

In the *Times* of the 19th inst. is published the list of successful candidates at the recent examination held for this department. We are pleased to be able to congratulate Mr. C. E. Pollock, a recent Charity, on heading the list by 345 marks.

OBITUARY.

The death of Mr. Edward Cock, Consulting Surgeon to the Hospital, which occurred the first week in August, will not have escaped the notice of our readers.

Hospital News.

IN THE WARDS.

Under Mr. Durham.

Lazarus 12 (now gone out).—47 years. Ectopia vesicæ and epispadias. Has been able to retain urine in ureters all day till a few months back. Now can do so to a slight extent and pass urine voluntarily from the ureter. Contracted gonorrhœa when 20 in orthodox fashion. Surface of bladder now inflamed, ulcerated and painful; a good deal of induration, suggesting malignant disease at the base.

Lazarus 16 (now gone out).—69 years. Somewhat indurated thickening, ulcerated, foul-smelling at preputial reflection, suggesting epithelioma; inguinal glands not obviously affected; healed satisfactorily with CHI_3; denial of recent venereal exposure.

Lazarus 20.—20 years. Strangulated hernia; herniotomy; interesting, because no vomiting, only intense pain. Had been tapped by medical man outside. Sac contained blood-clot; bowel not injured.

Cornelius 4. — 11 years. Complete rupture of urethra, extravasation of urine: fell astride fence 24 hours before admission. Operation: suture of divided ends, catheter tied in. Progressing satisfactorily.

Cornelius 5. — Fractura cervicis femoris intracapsularis.

Cornelius 20.—Old stricture; kick in perineum; perineal abscess; partial retention. Cock's perineal section; catheterism. Progressing satisfactorily.

Martha 1.—Æt. 65. Œsophageal stricture at cardia; hard mass $2\frac{1}{2} \times 1\frac{1}{2}$ in. in left hypochondrium: ? extension of primary growth, ? secondary nodule. Diarrhœa; no melæna or hæmatemesis; treatment palliative.

Martha 6.—Inflamed cyst of left vulvo vaginal gland; $6\frac{1}{2}$ months' pregnancy; spontaneous rupture of cyst; excision, free hæmorrhage; intravenous injection of saline solution (O iv.).

Martha 7.—Æt. 68. Burn, chiefly left hand; left hemiplegia of 33 years' standing; procidentia of uterus (second degree); diabetes.

Martha 21.—Æt. 40. Defined moveable tumour in right anterior axillary fold, attached to deep fascia of pectoral; 5 years' history. ? Fibro-lipoma, ? fibromyxoma.

Martha, Cot A (gone out).—Imperforate anus, bowel close to skin; incision, suture.

Under Mr. Lane.

Martha, Cot C. — Spina bifida in cervical region; removal.

Martha 16.—Hydatid ($3\frac{1}{2}$ in. diameter) on surface of left lobe of liver; 5 months' history; situated in middle line; had been diagnosed elsewhere as floating kidney; incision and drainage, there being too much infiltration for removal.

LUKE 16.—Æt. 63. Epithelioma of lower lip. Tagliagozzi's operation. After removal of growth cutaneous tissues from the arm were raised, but left attached along one side, and on the opposite side folded over. This doubled sheet of tissue was stitched into the gap in the cheek, the arm being secured in position by plaster bandages, involving the head.

UNDER MR. LUCAS.

CHARITY 22.—A. C., æt. 9, admitted July 23rd for lump in left groin. It had been noticed first about a year ago; became gradually larger, but caused only the slightest pain. On admission the tumour was scarcely noticeable on inspection, but on pressure a small pyriform, fluctuating, definitely encapsuled tumour, about size of hazel nut, could be made out above the inner half of Poupart's ligament; not tender; no impulse on coughing; increased pressure seemed to make it partially disappear; skin over it quite normal. It was exposed by incision under anæsthetic, and found to be as previously diagnosed, a hydrocele of canal of Nuck, communicating apparently with peritoneal cavity by narrow neck. Neck of sac was ligatured and sac removed. Primary union and discharged healed.

JOB 21.—A. B., æt. 36, admitted for swelling in back, which was obviously a large tubercular abscess, extending from the 6th to the 10th rib on the right side, connected apparently with carious vertebræ in mid dorsal region, where there was some angular curvature. On August 2nd the abscess was laid open under an anæsthetic, and after evacuating large quantity of pus and caseous material the large cavity was filled with iodoform, nearly ʒi being packed into the wound.

3rd. Patient had passed a good night, and seemed no worse for the operation.

4th. Patient was sick last night. Mist. bismuthi et morphinæ ordered.

5th. During the night patient became somewhat collapsed; his mental condition was peculiar, being drowsy, and when asked questions he would repeat his answer several times. Tr. capsici, in hot coffee was given, and also brandy. In the afternoon patient became delirious, pulse 120°, temp. 102°. Mr. Lane saw him in the evening, and suspecting iodoform poisoning reopened wound under $CHCl_3$, but found scarcely any iodoform. (It should be mentioned that there had been considerable discharge from the wound, which doubtless assisted the disappearance of iodoform, as it was dressed frequently). Wound was then thoroughly washed out with hot boracic.

6th. Patient became steadily worse; delirium continued; temp. 97·4°, pulse 160° at 10 a.m. At 10.30 a.m. pulse was 180°, and patient evidently moribund. Saline injection to four pints was tried, with little or no improvement; then injections of strychnine, and also of ether, and later of digitalis were tried, but patient became steadily worse and died at 3 p.m. One much regrets that no *post mortem* was obtained; but a specimen of the urine was examined and found to contain iodine in some compound, the quantity being equivalent to that contained in 2·5 grains of iodoform in the 24 hours.

ACCIDENT 32.—A. B., æt. 54. Admitted after being run over by heavily laden waggon. When brought into surgery patient was apparently dead, but on auscultation the heart could be heard faintly beating. Patient was intensely anæmic, and respiration had almost stopped, inspirations taking place at long intervals. Brandy administered hypodermically, and condition improved markedly. In the ward it was obvious that there was a fracture of the sternum at junction of pre-with mesosternum, the upper fragment projecting in front of the lower. It was thought that possibly the lower fragment might be pressing on the heart, and so causing the serious condition. An attempt was therefore made at reduction by extension of the arms above the head, with manipulation of the fragments; this failing, forcible reduction by instruments was about to be tried, when the patient died, about 10 minutes after admission.

Post-mortem.—Several ribs on right side found fractured; spleen and liver both ruptured.

JOB 20.—R. H., æt. 36. Left inguinal hernia. Admitted July 30th; strangulated since July 26th. Sac found to contain no pus, but fæculent fluid. On further examination, a narrow communication with another sac found, and in this inner sac, a knuckle of intestine size of duck's egg, bright green, and obviously gangrenous. Sac and its contents cleansed with hot hyd. perchlor., and plugged with lint wrung out of same. Mr. Lane then extended incision, and after shutting off the general peritoneal cavity as far as possible by lint out of hyd. perchlor., he resected the gut, and introduced Senn's plates, as usual. Sac packed with iodoform and isolated by sutures from peritoneal cavity and drained. Operation lasted 2½ hours, but patient seemed to get over it well; was carefully dieted; passed some flatus.

On August 2nd patient began to be restless. Temp. 99·8°; no sickness; no abdominal distension.

3rd. Much thirst, and very restless.

4th. Obvious peritonitis; distension relieved by opening bowel and putting Keith's tube into it. Saline intravenous injection. Death.

Post-mortem.—Distal plate had not been absorbed, and so had caused ulceration and perforation; the proximal plate (by a different maker, an American,) had been completely absorbed.

UNDER MR. DAVIES-COLLEY.

LUKE 5.—Æt. 33. Furneaux Jordan amputation through hip for old tubercular disease of the head of the femur.

CLINICAL.

JOHN 10.—The case in which the diagnosis of chronic intussusception was discussed proved to be at any rate an iliac abscess, which was opened with relief.

MIRIAM Cot.—M., 2½. HCl poisoning.

MIRIAM 29.—F., 35. Acute intestinal obstruction Laparotomy. Formation of artificial anus. Woman doing well. Cause of obstruction not found.

MIRIAM 1.—M., 7. Belladonna poisoning. Delirium. Hallucinations. Dilated pupils.

John 12.—This case, reported in last issue as having pyrexial jaundice, had a fall of temperature, followed by a second rise for about 10 days, during which signs of consolidation developed in right base. The liver, which has been enlarged, is now normal in size, and the man is convalescent.

Miriam 19.—F., 69. An indefinite history of being ill for two or three months, with some swelling and pain in abdomen. A week before admission took to bed with severe abdominal pain and constipation, the latter being broken the day before admission by a normal motion (according to history). Vomiting had been excessive.

On admission.—She was in severe pain, with tense, distended abdomen, and no dulness, small feeble pulse, sweats, and cold extremities. She died 15 hours after. There was found post-mortem acute peritonitis, suppuration about the gall-bladder communicating with the duodenum. There was also a non-suppurating hydatid in the liver, and a cancer three feet from the rectum, probably not large enough to have caused symptoms.

John 6.—This case still remains in with an irregular temperature, and no further light has been thrown on the cause.

Miriam Cot.—M. 2½. Turpentine poisoning. Chief symptom was drowsiness.

Miriam 22.—F., 4½. Three months ago, measles and otorrhœa, which soon stopped; none now; 14 days ago a fit, said to have been right-sided, with temporary paresis; 4 days before admission, vomiting, continuing till admission. On admission, pain to right of occiput: temperature 100° to 101°. Patient did not vomit for 4 days, then vomited and became drowsy; early optic neuritis; has tubercular dactylitis. Diagnosis: tubercular meningitis (?), cerebral abscess with otitis (?).

John 14.—M., 35. Pulsation in third right interspace; no bruit; pain down right arm; cough and expectoration of muco-pus; pupils equal, pulses equal. Diagnosis: aneurysm (?), phthisis (?).

John 15.—M., 27. Extensive phthisis left side; albuminuria; general anasarca; lardaceous kidneys.

Correction: In last issue, under "John 10," for "sixteen years" read "sixteen hours."

RECENT PUBLICATIONS.

Lusk, W. T. Midwifery. New edition, royal 8vo. Lewis, 10/6.

Stevenson, W. E., and Jones, H. L. Medical Electricity. Crown 8vo. Lewis, 9/-.

Stevenson, Thomas, and Murphy, Shirley F. Hygiene, 2 vols. Vol. I., royal 8vo. Churchill, 28/-.

Underwood, A. S. Aids to Dental Histology. 12mo. Baillière, 2/-.

Wilson, G. Hygiene and Sanitary Science. 7th edition, crown 8vo. Churchill, 12/6.

A CASE OF EXTRA-UTERINE FŒTATION.

Mrs. A., æt. 39, was admitted into Dorcas Ward, under the care of Dr. Horrocks, on May 28th, for "spasmodic pains in the abdomen."

General History.—Patient has been married 18 years; husband still living; has had three children born alive, the youngest being 11 years old; no miscarriages. Menstruation began at 14; always normal and regular; last period occurred in November, 1891, when there was but a slight "show." For the last five years patient has worn a pessary for a displacement of the uterus. Family history is good.

Present Illness.—In October, 1891, the patient was said to have taken cold, and was seized with violent spasmodic pains in the left side of the abdomen; after two or three days' rest in bed the attack passed off, leaving behind, however, more or less uneasiness for five or six weeks. In January, 1892, a lump which used to "come and go," was noticed in the right iliac region, and since then the abdomen has steadily increased in size. About the same time the patient began to suffer from spasmodic attacks of pain passing across the abdomen, accompanied by sickness, and occurring at first at long intervals, but lately continuous and of a dull aching character.

On May 15th the patient felt a distinct movement in the abdomen which she thought was "quickening;" she has not noticed anything of the kind since. The breasts enlarged simultaneously with the increase in size of the abdomen; just before admission inflammation occurred in the right breast, which disappeared under treatment. For the last two months the patient has lost flesh and appetite, and the pains have interfered very much with sleep.

On admission.—Patient was very pale and anæmic; lay with her knees flexed, and complained of pain in the abdomen, especially on movement. The breasts were large, somewhat painful, and contained colostrum. The abdomen was very tender on palpation, and distended by a solid tumour, rising from one to two inches above the umbilicus; the flanks were resonant on percussion; a dull note was obtained all over the tumour. On manipulation, consistency of the tumour remained uniformly hard, except a small rounded portion in the hypogastric region, separated from the rest by a shallow groove, which underwent alternate contraction and relaxation; a souffle could be heard over this portion and nowhere else; no fœtal heart sounds or movements could be detected anywhere. A peculiar ridge, three or four inches long, could be felt, running from the umbilicus downwards and outwards on to right side. V. E. mucous membrane not purple; external os soft and patulous; slight whitish vaginal discharge. A mass could be felt in pouch of Douglas; no presentation could be made out.

Operation.—On June 13th, bichloride of methylene was administered; the uterine sound passed six and a half inches into the lower portion of the tumour above mentioned, thus showing it to be uterus. An incision was then made in middle line between umbilicus and the shallow groove above the uterus, and the peritoneum opened. A dark greenish cyst wall was thus exposed; a trocar and cannula inserted and a dark sanguineous fluid drawn off. The cyst was then opened, the wall being rotten and tearing easily, and the back of a dead fœtus exposed. The latter was extracted and the cord tied; the placenta was attached to the posterior wall of the cyst, lying in the pouch of Douglas below. The circulation in it was still active, although degeneration in it had commenced, its tissue being soft and very friable.

The work of separating the cyst wall was then begun: it was adherent above and behind to omentum and intestines, at the sides to the walls of the abdomen, below to the posterior and lateral walls of the pelvic cavity; the uterus and bladder were not involved. The adhesions below were very vascular; the main blood supply was derived from the left broad ligament, where two or three arteries, the size of a radial, came off. In separating the adhesions on this side there was considerable hæmorrhage, which ceased on passing a ligature through the broad ligament. A broad band of peritoneum, which bound down the cyst to the left side of pelvis, and hampered attempts to get at the lower adhesions, was then ligatured and cut through, the attachments below were then easily separated, and the whole cyst containing the placenta removed. The abdominal cavity was then sponged out and the wound closed. The patient was rather collapsed from hæmorrhage during the operation, but made an excellent recovery and gave no further trouble. She went out July 8th.

The fœtus was in a condition of commencing maceration, and emitted a sickly sour odour; the epidermis peeled off readily; the cranial bones were quite loose beneath the skin, which was soft and discoloured. The stage of development was probably that of the 8th month. The nails had reached the ends of the fingers; the testicles were in the inguinal canal; weight 5¼ lbs.; length, as far as could be ascertained, was between 16 and 18 inches. The mother felt the last fœtal movement on May 15th. The fœtus had died probably just after that date.

The nature of the gestation is interesting. Dr. Galabin considers that a large number of extra-uterine fœtations are primarily intra-ligamentous, that is, the ovum gets in between the layers of the mesosalpinx and there develops. There are certain points which indicate that this was the primary condition here, namely, the chief arterial blood supply was derived from left broad ligament, and the adhesions were most dense on this side; the cyst was bound down by a broad band of peritoneum to the left side of the pelvis, and the first attack of pain in October, 1891, was in left iliac region.

The success which attended the removal of the placenta at the time of operation was well worth the risk incurred of the patient dying of hæmorrhage on the table. The other method of leaving the placenta to separate by itself was impracticable in this case, as the cyst wall was too rotten to be stretched to the abdominal wound.

A CHESTNUT

Recently Related in the Rooms.

(With apologies to the shade of D. G. Rossetti).

I have heard that before,
But when or how I will not tell;
I hear the laugh—the wild guffaw—
The jaws that fell,
The death-like faint—the chestnut of the bore!

You have heard that before!
How long ago I care not know,
But just now at that ancient score
Your lip curled so,
One eyelid dropped—you knew it all of yore!

Was this told thus before?
And tells one thus the tale once trite!
Checking all smiles we sigh "That's o'er"
In fearsome fright
Lest other nights yield that stale jest once more!

PASS LIST.

UNIVERSITY OF LONDON.

Intermediate Examination in Medicine, July, 1892.

Examination for Honours.

Anatomy.

First Class.

Steward, F. J. (Gold Medal).

Physiology and Histology.

First Class.

Steward, F. J. (Gold Medal).

Second Class.

Handley, W. S. Nolan, H.
Salter, H.

Organic Chemistry.

First Class.

Steward, F. J. (Exhibition and Gold Medal).
Nolan, H.

Third Class.

Handley, W. S.

Materia Medica and Pharmaceutical Chemistry.

First Class.

Nolan, H. (Exhibition and Gold Medal).

Preliminary Scientific (M.B.) Examination.

Examination for Honours.

Botany.

Third Class.

H. J. Starling.

Pass List.—Entire Examination.

Second Division.

H. D. Peile. W. H. M. Smith.

Biology only.

J. D. Bridger. C. R. Hodgson.
A. J. Cleveland. N. Lavers.
*R. J. Fitz-Hugh. R. W. Mayston.
J. A. Glover. G. B. Webb.

*This candidate has now completed the examination.

FIRST CONJOINT EXAMINATION.

Chemistry and Chemical Physics.

Alexander, H. Izard, H. E.
Burton-Brown, G. Mottram, G. N.
Burton, C. G. Nicholson, C. R.
Carnac, C. N. B. Parfitt, J. B.
Cecil, J. E. Poole, T. B.
Clowes, E. F. Rowland, L. T. A.
Daly, N. Rowland, R. S.
Davies, T. Rygate, A. M.
Davies, W. R. Scott, E. N.
Dolman, A. J. Stanton, T. W.
Farnfield, W. W. Temple, P. G.
Foster, J. J. Tulk-Hart, T. J. A.
Hedden, R. Watson, C. E. S
Hicks, H. T. Williams, H. L.
Hills, W. E. Winter, W. C. P.
Hort, E. C. Wood, W. R.
Horton, W. A. Worts, C. C.

Under Regulations dated 1st January, 1892.

Passmore, A. B. Trensch, J. B. A.

Materia Medica and Pharmacy.

Beadnell, C. M. Moffat, H. A.
Bensted, L. Parfitt, J. B.
Brereton, F. S. Paul, L. A.
Brown, R. T. Pike, N. H.
Clark, R. F. Poole, T. B.
Dolman, A. J. Price, W. M.
Ellington, W. A. Rice, D.
Farnfield, W. W. Richmond, B. A.
Francis, C. J. Scott, E. N.
Gibson, C. W. Serjeant, R.
Hancock, W. I. Smith, D. L.
Hughes, W. L. Thomas, T. M.
Jones, M. P. Tipper, E. H.

Whicher, S.

Practical Pharmacy.

Under Regulations dated 1st January, 1892.

Passmore, A. B.

Elementary Anatomy and Physiology.

Baines-Hooper, J. H. Jones, J. B.
Burton-Brown, G. Mann, C. J. H.
Carnac, C. N. B. Murray, C. H.
Clarke, W. T. Murray, F.
Duncan, G. E. Plummer, W. E.
Foster, J. J. Pomeroy, E. H.
Hancock, E. D. Stanton, T. W.
Hancock, W. I. Ta Bois, F. W.
Hitchins, F. C. Temple, P. G.

Wernet, A. J.

Elementary Anatomy only.

Blasson, G. H. Davies, W. B.
Body, T. H. Maturin, A. E.

Miller, H. R.

SECOND CONJOINT EXAMINATION.

Anatomy and Physiology.

Armer, A. Kearney, C. J.
Cann, F. J. H. Loud, F.
Davies, W. L. B. Packer, H. D.
Hora, J. Shorland, E. T.
Hunter, C. H. Spon, H. J.

Yorath, T. H. B.

Anatomy only.

Ensor, J. W. Tipper, E. H.
O'Niell, B. P. Tresidder, M. E.

Turner, A. Scott

Physiology only.

Biggs, T. S. Hitchfield, A. R.
Byford, W. F. Jenkins, C. C.
Carden, W. A. Rivers, S.
Fisk, E. Roberts, R. L.
Hayes, R. H. Tresidder, P. E.

ENTIRE EXAMINATION.

First Division.

Armer, A. Taylor, E. C.

Second Division.

Coleman, J. J. Richmond, B. A.
Collier, H. W. Vellacott, P. N.
Horton, J. H. Wakefield, C. F.

Excluding Physiology.

Second Division.

Price, W. M.

Physiology only.

First Division.

Colley, C. R. Hardenberg, E. T. H.

Second Division.

Chaning-Pearce, D. A. Hart, H. W.

Instone, N.

Passim.

Under this column we generally try to establish a claim to the ubiquity of our representatives. We were not, however, last week where we should most have liked to be, with our cricket team, in Wales and the West of England. The score book was sent off, we believe, for the use of the Editors of the Gazette last Saturday; but as it has not reached us yet, the post office authorities must be to blame. But that we should have lost only one out of the five matches arranged, is something to be proud of, the others being either drawn in our favour (three matches), or victories. The match we lost was against Thornbury, where the bowling of Roberts, the Gloucestershire professional, which was pronounced by W. G. Grace to be exceptionally good that day, was certainly too good for us. In the other matches the scoring has been highly creditable.

Mr. R. H. Fagge has been elected Assistant Secretary of the Students' Club for the ensuing year, and the other officers—President, Mr. Durham; Treasurer, Mr. Symonds; and Secretary, Mr. Fripp—have been re-elected.

The Fives Tournament has been won by Mr. Coulson. In our issue of June 25th we published the Rules of the Game, drawn up by the Committee of the Students' Club, and stated that they would come up for revision after the Tournament, but we understand that at the last meeting of the Committee, held after the termination of the Tournament, no alterations were suggested. We would advise any players who have suggestions to make to lose no time and to air them in these columns. Probably a few weeks will see the Rules of the Game definitely established, and that once done it is not desirable that they should be subject to much radical modification from time to time.

There is some difficulty in deciding on the most suitable site for the Athletic Shield. It would look well on the wall above the Residents' table in the Dining-hall, but it is a pity to separate our trophies; so public opinion having, from the beginning of the College two years ago, bestowed them on the Smoking-room, it has been decided to try the Shield on the wall facing the main entrance to that room. In præ-collegiate days the Library was, of course, always the repository of our Challenge Cups, and fourteen years ago (on the occasion of its last visit), the Shield rested over the Library fireplace.

We are pleased to hear that the arrangements with the Railway Company for the issue to members of the Union of cheap tickets to Honor Oak Park have now been concluded. Further information as to prices, etc., will be obtained from notices in the Colonnade.

Dr. Wilks has made such progress with the preparation for the press of the History of Guy's, undertaken with his assistance by the late G. T. Bettany, that in a few weeks it will be ready. The list of subscribers at the Medical School Office is still open, and Mr. Wells will receive the names of any new subscribers. The subscription is 10s. 6d.

Lecturer (addressing a member of his ambulance class, composed of youngsters), "What do you mean by arterial blood?"

Youngster (born within sound of Bow Bells), "Blood that comes direct from the 'art."

Here is a bit of Moxonese, quoted from a paper by Dr. G. Mahomed, of Bournemouth:—

"I remember (somewhat imperfectly) some remarks Dr. Moxon made at the end of one course of materia

medica lectures, which bear on this subject. He said: 'There is a muscle which goes down the side of the leg—I have forgotten its name, but I knew it when I was in the dissecting-room—and it expands in the instep like a claw' (this with a manual illustration). 'It sends a slip to nearly all the little bones in that locality, and one to the sustentaculum tali. Is that right? In fact, it supports to a great extent the arch of the foot. Well, gentlemen, I think, as the result of all this hot weather, and the dry stuff I have been pounding away at, that this particular muscle in a good many of you must be a bit relaxed. It has lost its spring—doesn't bear up those ligaments as well as it should. Isn't that so? Rushing about in some cool meadows, playing tennis, or bathing and boating, are required to screw it up to pitch again, I think. Therefore, gentlemen, I will now dismiss you, as far as I am concerned, to recover your lost tone, and I hope you will enjoy yourselves.'"

We hope that all our readers who have had a vacation will return with every muscle screwed up tight again.

THE following anecdote is sent us by Dr. Wilks:—

The three tailors of Tooley Street have a world-wide celebrity; here is a story of one of them:—

In the Parish of St. Olave, Tooley Street, Borough, the churchyard is detached from the Church, surrounded with high buildings, so as to be wholly inaccessible but by one large close gate. A poor tailor of this parish dying, left a small cur-dog inconsolable for his loss. The little animal would not leave his dead master, not even for food; and whatever he ate was forced to be placed in the same room with the corpse. When the body was removed for burial, the faithful attendant followed the coffin. After the funeral he was hunted out of the churchyard by the sexton, who the next day again found the animal, who had made his way by some unaccountable means into the enclosure, and had dug himself a bed on the grave of his master. Once more he was hunted out, and again he was found in the same situation the following day. The minister of the parish hearing of the circumstance, had him caught, taken home, and fed, and endeavoured by every means to win the animal's affections, but they were wedded to his late master, and in consequence he took the first opportunity to escape and regain his lonely situation. With true benevolence the worthy clergyman permitted him to follow the bent of his inclinations; but to soften the rigour of his fate, he built him upon the grave a small kennel, which was replenished once a day with food and water. Two years did this example of fidelity pass in this manner, when death put an end to his grief, and the extended philanthropy of the good clergyman allowed his remains an asylum with his beloved master.

Correspondence.

To the Editor of GUY'S HOSPITAL GAZETTE.

A VISIT TO THE HOT LAKES OF NEW ZEALAND.

DEAR SIR,—A great number of people at home think that now the Pink and White Terraces are destroyed there is nothing to see in New Zealand: this is a great mistake. I have ventured to write the following brief account of our run through the Hot Lake district, because I think that, at no very distant date, it will be the fashion for the profession to order patients to this part of the world, and therefore a few notes on it may not be out of place in the GUY'S HOSPITAL GAZETTE.

We left Napier on Monday morning at 6.30 a.m. in the coach. I had been at great trouble in procuring box seats for B. (a hypochondriac) and self, and had paid extra for them; our joy can be imagined on getting up in the morning to find the rain coming down in torrents, the result, of course, was that we got soaked in spite of waterproofs, &c. However, there was no help for it, and we coached on all day, only stopping to change horses and to have lunch, arriving at Tarawera at 6 p.m., where a good fire and an equally good dinner restored us to a normal condition. About half-an-hour after turning into my not over large, rather hard bed, I felt a slight shaking, which turned out to have been caused by an earthquake shock, very common in these parts.

We spent the whole of Tuesday coaching, the last fifteen miles being over ground consisting almost entirely of pumice. About five miles from Taupo (English "darkness") our coach broke down, and had to be tied together with old "clothes line." However, we reached the Terrace Hotel, Taupo, shortly afterwards, and here *we all* assisted to repair the damage, and, of course, made it much worse, which caused the coachman to make what he considered appropriate remarks, but the judicious application of a certain fluid induced him to mount his box and take us on to the "Spa," Mr. Joshua's sanatorium, which is constructed and carried on in continental style, and beautifully situated in a glen, about two miles from Taupo, close to the river Waikato. On our arrival, the male members of the party (five in number) at once made for the swimming bath. This bath is divided into three parts by partitions, over which one can step. A stream of cold water flows in at one end, and a hot one at the other; in the middle, between the partitions, the two streams mix, and the temperature is medium, the hot end (temp. 100° to 118° Fahr.) is covered by a beautifully carved Maori house, the rest is in the open air. The arrangement (of world-wide repute) is known as the "Taupo system."

At this "Spa" we dined in one cottage, smoked in another, had music, &c., in a third, and ended by sleeping in a fourth. The crust of the earth is decidedly thin just here, and if one stamps on the ground, a hollow sound is emitted. So thin is the solid earth in some

places, that, only a few days ago, a boy went through into the boiling mud, and scalded his "lowers" so badly, that for some time he was not expected to live.

Next morning a guide took us to see a number of wonders. The "Crow's Nest Geyser"; boiling mud holes; sulphur, soda, alum, and kerosene springs; the "Witch's Cauldron," a hole with boiling water in it; "Satan's Glory," a hole in the side of the rock with boiling water pouring out, &c., &c. At both Joshua's and the Terrace Hotel there are sulphur and alum baths.

At twelve o'clock we drove 9 miles in the coach to Wairakei. Here we found a similar sanatorium to the one at Taupo, the hot swimming bath was entirely in the open air, and I enjoyed swinging backwards and forwards through the water on the branch of an overhanging tree. In the afternoon a Scotch guide (who keeps the recording angels rather busy), escorted us to see the "Champagne Pool," a fierce, bubbling, boiling cauldron, it certainly does look like champagne, but there the resemblance ends. We drank some, and then the guide informed us it contained arsenic, at which we all turned deadly pale, The villain quickly reassured us, and then we visited the Great Wairakei Geyser. This plays all the year round every seven minutes to a height of from 15ft. to 25ft. We timed it and found it correct. We afterwards saw a number of other geysers—a "Blue Lake," the exact colour of Liq. Pavii, a Green Lake, Crystal Pool, &c. The blue of the Liq. Pavii lake is due to clays, &c., held in suspension.

The next day we coached from Wairakei to Rotorua (Ohinemutu). On the way we stopped at the Huka Falls, these are not high, but the volume of water is immense. On arrival at Rotorua we put up at the Palace Hotel. This has a hot bath attached about two feet deep, and we promptly went and sat in it, and began to think life worth living. The evening we spent talking to the Maoris.

Rotorua is the chief place in the hot lake district, and in addition to three good hotels, there is a splendid sanatorium belonging to the government. The baths in and around Rotorua are numerous. Dr. Hope Lewis, who has written about them, divides them into four classes:—

1. Saline. Hinemaru.

Reaction—Alkaline. Temp. 98° to 108° F.

Use externally—Eczema and rheumatism. Internally, when obtained pure—dyspepsia.

This water is of a yellowish colour.

2. Alkaline Silicious. Whangapipiro, commonly known as Madame Rachel's Bath.

Reaction—Alkaline.

This is the most common type of mineral water at Rotorua.

Use external — psoriasis (strongly recommended), eczema, rheumatism and gout.

Internal—mildly aperient and diuretic. Owing to silicates, it is useful in eliminating uric acid from the system, thus proving useful in gout.

3. Hepatic or sulphurous—Te Kauwhanga, the pain killer.

The prominent character of these waters is the presence of sulphuretted hydrogen and sulphurous acid.

Use external—chronic rheumatism, parasitic skin, &c.

Internal—Not suited for internal administration.

4. Acidic. Te Pupunitanga (Priests' Bath).

Reaction—Acid.

In these waters there is an excess of acids, such as hydrochloric and sulphuric acids.

Use external—gout, rheumatism, parasitic diseases of the skin, obesity, congestion of liver, and sciatica.

The Priests' Bath is considered by persons competent to judge, one of the most valuable springs in the whole world.

On Friday we steamed across lake Rotorua to Te Ngæ, where a coach met us, and took us to Tikitere; here we had a lunch (picnic style), in a Maori "whare" or hut, and afterwards went through "Hell Gates," a narrow ridge of ground about three feet wide between two boiling sulphur springs, the fumes from which nearly suffocate one; the name is certainly well chosen. The guide showed us a number of boiling mud holes and mud geysers, and dragged us to the top of a hill, from whence a good view of lakes Rotorua and Rotoiti is obtained. On remounting our coach we drove to Whakarewarewa (cases of fractured jaw are common in this neighbourhood, to say nothing of toothache). On our way we stopped and saw the tomb of poor Mr. Bainbridge, who was killed during eruption of Tarawera.

At W. &c., we saw some splendid geysers, and formations similar to the White Terrace. Around the geysers, &c., are scattered Maori "ukases;" in fact, it is a native village (they charge 1/6 admission). We got about 20 of the children to give us a haka, or native dance. It was most amusing, though more grotesque than refined. They twist their bodies about, roll their eyes, put out their tongues, &c. We next got about eight girls and boys to strip and dive for pennies in a hot pool. This is one of the places where one digs a hole in the ground and puts potatoes, &c., in it, or a kettle, and Nature kindly cooks them for one.

There are a great number of Maoris round Rotosua. The women smoke, if anything, more than the men. They wear very bright clothes (specially imported for them), scarlet being the favourite colour. Thus dressed they are not unlike gypsies. Some of the older women have their chins tattooed. The men are very fond of beer and billiards; they even commence to play the latter *before* breakfast. They get very excited over it, but do not lose their tempers. A few are really skilled at the game. I saw one or two men with their faces beautifully tattooed. The Maori children are the picture of happiness and contentment, always laughing. They have to attend school, and many speak English perfectly.

The men buy roughly-made clothes at the store, and trust to luck to get anything like a fit. (I am not speaking of the rich Maoris, some of whom have five and six thousand pounds a year). But I see this letter is already too long.

On Saturday we drove 22½ miles in the coach, to the Wai-o-tapu Valley, where we saw a white terrace, covering about half-an-acre, and similar in structure to the one which was destroyed; a primrose terrace, sulphur caves, alum cliffs, &c. On our way back we drove to the top of a high hill and looked out over the region destroyed by the eruption of '86. It was a weird and awful scene. In the background was Mount Tarawua, with the rent (eight miles in length) which occured during the eruption, and for miles and miles all round there was nothing to be seen but mud, mud, mud; everything was totally destroyed.

On Sunday four of us engaged a guide and horses and rode out over a very rough country (9 miles) to Wairoa, the half-buried native village where Mr. Bainbridge and a number of Maoris were killed. It would take too long to describe the scene. We next were rowed about eight miles across Lake Tarawera by a Maori crew—our guide was a half-caste, who had visited England with the Maori football team—and then ascended the volcano in 1 hour 49 minutes. It was very hard work on the loose ashes. On arriving at the top we stuck a stick in the ground about six inches, and within five minutes it became alight, and we lit our pipes with it. This is not believed by a number of people, indeed, I doubted it myself at first, but, nevertheless, it is a fact. The volcano has five craters, one of which was found after the eruption to be half a mile across and fourteen hundred feet deep. We came down in three-quarters of an hour, taking leaps of from 12 to 20 feet in the loose ashes. We all richly deserved lunch in the boat whilst being rowed back.

On the following morning we coached 35 miles to Oxford, and from there took train to Auckland, and thus terminated one of the most enjoyable weeks it has ever been my lot to spend.—Yours, &c.,

A. T. WHITE.

EXAMINATION PAPERS.

UNIVERSITY OF LONDON.
INTERMEDIATE EXAMINATION IN MEDICINE.

ANATOMY.

A.—PASS QUESTIONS.

1. Describe the ligaments of the elbow-joint, and mention the muscles which are in contact with each. By what arrangements are over-extension and lateral motions prevented?

2. Give the distribution and anastomoses of the vessels and nerves of the scalp, and state from what parent trunk each takes origin.

3. Describe the pancreas, giving its relations and vascular supply. Specify the stages of the dissection necessary to exhibit the entire course of the pancreatic duct or ducts (the abdomen having been freely opened).

B.—HONOURS QUESTIONS.

1. Describe in detail the distribution of the arteries to the surface and to the substance of the brain. How far do the distributions of the respective arterial trunks coincide with the several divisions of the brain, morphological and physiological?

2. Give a detailed account of the tympanum; its relations to surrounding parts, its walls and foramina. Describe the ossicles contained within it, and the ligaments and muscles connected with them.

3. Describe in detail the articulations, articular surfaces and ligaments by which the three cuneiform bones are attached to each other and to the surrounding tarsal and metatarsal bones. In what respects do these joints chiefly differ from the corresponding joints of the upper limb?

ANATOMY.

A.—PASS QUESTIONS.

1. Describe the spinal column as a whole, its curves, its pyramids, its canal and foramina. Show how the various parts of a vertebra are modified in the several regions of which the spine is composed.

2. Give an account of the form, relations, position and naked-eye structure of the trachea.

3. Describe the steps of a dissection by which you would expose the distribution of the external plantar nerve. State also the parts supplied by the internal plantar nerve.

B.—HONOURS QUESTIONS.

1. Describe the abnormalities to which the aorta and pulmonary artery are liable, both as regards the trunks and the origins of the main branches. Show how these may be accounted for by variations in the course of development.

2. Describe the dissection necessary to exhibit the inferior cervical ganglion of the sympathetic. Describe, in detail, the relations and branches of this ganglion, and trace them to their distribution.

3. Give the details of a dissection through the back of the neck to expose the odontoid ligaments, mentioning in order the parts met with. (The cranium may be regarded as divided on a level with the occipital protuberance and the brain removed.) Give an account of these ligaments, and of their morphology.

PHYSIOLOGY.

A.—PASS QUESTIONS.

1. How may tracings be obtained of the movements of the chest and of the air in the lungs during respiration? In what ways may the respiratory movements be made slower or be stopped? Explain, as far as possible, how the variation is in each case produced. What is meant by Cheyne-Stokes' breathing?

2. What laws have been found to govern the stimulation of nerves by an electric current? What conditions in the nerve affect the production of a stimulus?

3. Give an account of the blood supply of liver and of the ways in which variation in the quantity of blood going to the liver may be produced. Compare the pressure of the secretion of the bile with that of other secretions of the body. What are the chief conditions which cause an accumulation of fat in the liver cells?

4. Describe the histological structure and chemical characters of hyaline cartilage. Why is it classed among the connective tissues?

5. What are the characters and constituents of the saliva secreted by the parotid gland? What action has it on the various constituents of a starch grain?

6. Describe the development of capillary blood-vessels and of the embryonic red blood corpuscles.

B.—Honours Questions.

1. Give a critical account of the theory that the formation of lymph is a secretory process.

2. What experiments have been made bearing on the connections and functions of the medio-posterior column of the spinal cord (Goll's column)?

3. What is the histological structure of the retina? Give a concise account of the pigments found in the retinal structures, and of any variations in their character and position which occur during life.

4. In what different forms is sulphur contained in the urine? What is the origin of these substances in the organism? By what methods may they be estimated?

5. Give a critical account of the various theories that have been advanced regarding the muscular sense? On what experimental evidence do these theories rest?

6. What evidence is there that calcium salts play an important part in the processes of coagulation in blood and milk?

ORGANIC CHEMISTRY.

A.—Pass Questions.

1. Give an account of the various substances which can be obtained by the interaction of sulphuric acid and common alcohol. Write equations expressing the interactions.

2. Mention several of the compounds which you understand are comprised under the designation "ammonias" in the syllabus for this examination. Explain why such compounds are called ammonias, and why the natural alkaloids are grouped with them.

3. Describe the manner in which you would prepare aniline from benzene, sketching the apparatus you would use.

4. It is now customary to substitute the word "Hydrolysis" for "Saponification." Justify this practice, and give examples of the application of the terms "Hydrolysis" and "Hydrolyse."

5. What property of alcohol would enable you to seperate this substance, and how could you ultimately obtain it in an anhydrous condition, from a mixture of sugar, water and alcohol? How would you convert alcohol quantitatively into acetic acid?

6. You are required to prepare oxalic acid from cane-sugar, and from the acid to prepare ethylic oxalate and oxamide. How would you proceed? What is oxamic acid?

B.—Honours Questions.

1. Give a *full* account of urea. Although stable in ordinary aqueous solutions, urea in urine very rapidly undergoes hydrolysis: how do you explain this? Why is urea regarded as an *amide*, not as an amine?

2. Define the terms alcohol and phenol. Give a number of examples of each of these classes of compounds, and contrast their properties by reference to typical compounds.

3. Describe the preparation and properties of acetyl chloride. What important use is made of this compound?

4. By what means, other than fermentation, may lactic acid be prepared from glucose? What is the distinction between ordinary fermentation lactic acid, and sarco-lactic acid? What is a lactone?

5. A distinction is frequently made between fatty and aromatic compounds. Explain these expressions, giving examples. What, in general terms, may be said to be the definition of an aromatic compound? Do they belong to the class of "saturated" or to that of "unsaturated" compounds?

6. Describe, in detail, the preparation and properties of *two* organic substances which you have made. What is the formula of an acid which is found to contain carbon 40·60 per cent., hydrogen 5·18 per cent., the vapour density of the ethylic salt being 86?

MATERIA MEDICA AND PHARMACEUTICAL CHEMISTRY.

A.—Pass Questions.

1. Give a full account of Cannabis Indica, including its official preparations, doses, and physiological actions. Write two prescriptions containing Cannabis Indica.

2. Enumerate the official compounds of Bismuth. Describe their physical and chemical characters, and the preparation of each.

3. Give the composition of the following:—Pilula Ferri, Liquor Arsenicalis, Liquor Trinitrinæ, Pilula Plumbi cum Opio, Spiritus Ætheris Compositus, Spiritus Ætheris Nitrosi, Pulvis Glycyrrhizæ Compositus, Tinctura Benzoini Composita, Mistura Guaiaci, Decoctum Hæmatoxyli.

4. Name, and state the strength of the liquid preparations of Opium and of Morphine. Describe in full how those of Morphine are prepared.

5. Enumerate the official drugs which possess hypnotic properties. State the dose of each and its method of administration; and point out how they differ from one another in their action.

6. Define Liniments, Ointments and Plasters. Describe their methods of preparation and modes of employment.

B.—Honours Questions.

1. What are the official compounds and preparations of calcium? How are they prepared? Describe their local and general actions.

2. Enumerate the drugs which alter the volume or re-action of the urine; and discuss fully their modes of action.

3. Discuss the phenomena which result from the employment of overdoses of the following drugs:—

Morphine, Bromide of Potassium, Strychnine, Digitalis, Phenazone.

4. Enumerate and classify the drugs which act upon the bronchial mucous membrane. Discuss their modes of action.

5. Describe the physical properties and chemical composition of the volatile oils. Into what official preparations do they enter, and what are their actions?

6. Give a full account of Belladonna, including its nature, constituents, preparations, and a detailed description of its physiological actions.

Examination for Honours.

1. Discuss the methods of preparing effervescing compounds. What are the effervescing preparations in the Pharmacopœia? Describe, in detail, how each is made.

2. Discuss fully the advantages and disadvantages of hypodermic medication. What drugs may be so employed, and in what doses?

3. Discuss the use of drugs and other measures which influence the secretion of sweat. Describe their methods of application, and mention doses. Point out any other effects produced by these agents concurrently with diaphoresis.

MEDICINE *VIVA VOCE* EXAMINATION.

[*Ex.* = Examiner. *C.* = Candidate.]

Clinical 1.—Man on couch, aged 35. History.—Came into Hospital six months ago. Went out and returned worse. Complains of some chest trouble. Find out what is the matter with him.

Examination.—Apices in front normal.

Dulness behind beginning about 4th rib on left side.

Tubular breathing for about 1½ inches. Then absence of breath sounds, bruit, pectoriloquy, bronchophony. Crackling râles at upper limit of dulness.

Right base normal.

Front dulness 1 inch below nipple.

Ex.—Why is dulness lower in front than behind?

Ex.—Purely anatomical reason—due to obliquity of lung.

Diagnosis.—Phthisis commencing at left base.

2.—Boy 10 years of age, with patches covered with scabs on head, also a circular ring over occipital region, where the hairs were broken off.

Ex.—The scabs are due to method of treatment. What is the disease?

C.—Tinea tonsurans, due to trichophyton tonsurans.

Ex.—Is it an animal or vegetable parasite?

What other forms of tinea are found on the body?

What might you mistake tinea tonsurans for?

C.—Impetiginous eczema or alopecia areata.

Ex.—What is the relation between tinea tonsurans and alopecia areata?

May both exist on same head at same time?

Why is tinea tonsurans harder fo cure than tinea circinata?

How would you know when tinea was cured?

How would you make a preparation for microscope?

Prescription.—Write out fully your local general treatment of a case of tinea tonsurans in a boy aged 10 years, and any directions you would give to his mother.

Pathology. - Evening *viva.*

Urine.—Dark colour, acid sp. gr. 1030. No deposit. What is colour due to?

C.—In what diseases do you get concentrated urine?

Test for albumen with HNO_3 fallacies?

Test for blood guaiacum and H_2O_2 fallacies?

Test for bile with HNO_3 (fuming)? What is play of colour due to? What is the order of the colours?

Name bile pigments? What do they become converted into in this test?

Shown gall stones. What are they? What is their composition?

Pickles.—1. Specimen showing the intercostals stripped off and a large cavity between the parietal pleura and collapsed piece of lung.

Ex.—What is it? Empyema.

What are the naked eye and microscopic differences between lung in stage of grey hepatization and lung in state of collapse?

2. Specimen showing stomach with ulcer.

Ex.—What are characters of ulcer?

How does it affect various coats of stomach?

What are the theories of its formation?

What may be result, and what was in present case?

Microscope.—*Cirrhosis of Liver.*—

Ex.—What are the varieties?

C.—Multilobular, monolobular, intercellular.

Ex.—Which is this?

Lardaceous Kidney.—

Ex.—How do you stain lardaceous matter?

Describe the course of lardaceous disease.

(Bell rang).

SURGERY *VIVA VOCE* EXAMINATION.

Clinical.—1st Case.—Woman age 55. Ulcer on forehead over right eye; serpiginous edge; flat base. Little induration about eye, which was slightly punched out. Duration, one year.

Ex.—What is it? Syphilitic ulcer.

No history of sore throat or rash, but she had had 15 children, of whom three were living, four miscarriages, two with snuffles!

Treatment.—What would you give with Pot. Iod.?

How much mercury in Liq. Hyd. Perchlor. ℥i?

2nd Case.—Tumour on back of forearm a little above middle third. Hand in position between pronation and supination. All supinating or pronating action lost.

Tumour was smooth, round, soft, but not fluctuating; fixed to deep structures—probably to ulna.

History of two years' growth. Woman, 33.

Ex.—What is it? Myeloid sarcoma of head of ulna (endosteal).

Is it invading radius?

Do they generally invade other bones?

Treatment? Amputate.

Could it be anything else?

C.—Lipoma.

Sebaceous cyst.

Gumma, but there is no history of syphilis.

Ex.—Yes, if you give Pot. Iod. it will all probably disappear.

3rd Case.—Small hard nodular lump adherent to skin at extreme axillary limit of mammary gland on right side; glands in axilla enlarged. Woman, aged 45. Duration, two years.

What is it? Scirrhus Mammæ.

What are peculiar points about it?

C.—Not dragging on nipple.

Its position——

Ex.—How would you demonstrate that it is not attached to pectoral muscles?

Treatment?

C.—Excise whole of breast and clear out axilla.

Ex.—Certainly.

4th Case.—Girl lying down. Right leg wasted. Right foot in position of pes cavus and everted. Since two years of age.

Diagnosis? Infantile paralysis?

Ex.—What is it due to?

(Bell rang).

SURGICAL ANATOMY *VIVA VOCE.*

1. Enumerate the fractures of lower jaw, stating displacement.

Make a splint (brown paper provided) for fracture through mental foramen. Apply it with suitable bandage.

2. Supposing a patient with lacrymal abscess. What would be probable cause?

Where would you make your incision?

How pass probe into sac? What instruments would you use?

What is direction of nasal duct?

What bones does it groove?

Into what meatus does it open?

What opens into middle and superior meatus.

3. Mark out all superficial veins of arm.

What forms median cephalic? Trace it to its destination.

What forms median basilic?

Name tributaries of axillary vein?

From what vein would you bleed, and how?

4. Ligature the internal jugular vein? What would you do it for?

What incision would you make?

What structures would you cut through and expose?

How would you pass aneurysm needle?

State distribution of facial nerve.

What nerves supply sterno mastoid muscle?

What does spinal accessory supply? Give its course.

(Bell rang.)

Evening *Viva Voce.*

Pathology.—*First 10 minutes.*

Bursa Patallæ. What are its diseases, symptoms, treatment?

Where does it lie as regards deep fascia of leg?

Ex.—Below.

Necrotic Skull. Cause, process of necrosis (syphilitic). Results.

When would you trephine?

What are symptoms and treatment of concussion? Compression?

What are causes of death in compression?

Second 10 minutes.

Specimen of Scirrhus Mammæ.

Early history and symptoms?

Treatment?

What degenerations is a scirrhus liable to?

Cast of—

Ex.—Dislocation of 1st phalanx of thumb forward.

How would you reduce it?

What prevents reduction?

What would you do?

Specimen of Alternating Calculus. Oxalate in centre, then uric acid, then phosphates.

Give a sketch of life history of this calculus.

What are symptoms of stone in kidney?

What would you do?

If one of your best patients came to you complaining of——

(Bell rang).

Ex.—We must keep that for next time.

GUY'S HOSPITAL LAWN TENNIS CLUB.

Result of Tournament.

We are pleased to record that a great increase of enthusiasm and interest in Tennis has shown itself. This year there were no fewer than 46 entries for the Annual Tournament; we shall hope, however, to have a greater number next year, when the tournament will be played off on the new grass courts at Honor Oak Park. We want all junior men to show forth their talent as fully as possible, as not only do we want to pick the "Cup Tie Six," but we also want to have a good team from which we may choose match teams, for we shall next year have a fair number of matches.

In the third round of this year's tournament eight competitors were left—E. Reid, J. H. Bettington, C. R. Colley, F. H. Edwards, G. W. Henry, G. T. Birdwood, J. E. Coulson, B. F. Pendred. Of these J. E. Coulson and B. F. Pendred had the hardest fights to get in.

J E. Coulson with H. T. Hicks. In this Coulson lost the first set, 7-9, but soon showed his staying power, winning the next set, 8-6, and finally running right away from his opponent with a love set.

B. F. Pendred with E. D. Hancock, had a determined struggle, Pendred winning the first set, 6-1, then Hancock showed up to much better advantage and won the second set, 6-3, and looked liked winning the third, getting as near as 5-2, but he fell away, and Pendred slowly, but surely, crept up game upon game and finally won the odd set by 7-5.

In the fourth round Bettington scratched to Reid owing to press of time. C. R. Colley played F. H. Edwards, but to the surprise of all, after Colley winning the first set, 6-1, Edwards carried off the second and third, 6-4, 6-4; this turned the tables completely from the anticipated result, for Colley was greatly "fancied" by all who knew his power of playing a losing game.

G. T. Birdwood unfortunately, owing to bad health, had to scratch to G. W. Henry.

J. E. Coulson and B. F. Pendred was a very exciting match. Coulson lost the first set, 4-6, but this seemed to put him on his mettle, for he then played in brilliant style, winning the next "set love," and then had a very close fight for the odd set, being as close as "8 all." Coulson got the next two games, and so won his place into the fifth or semi-final round.

Semi-Final.

Edgar Reid met F. H. Edwards, and showed his superiority, though it was not a runaway match, viz.: 6-3, 6-4; so Reid won his place into the final round.

G. W. Henry played J. E. Coulson. This created great excitement and interest among the bystanders, by some Henry was expected to be the winner and by others Coulson was fancied on the ground of his knowing the court better than his opponent; however, all were prepared for an even and well played match and they were not disappointed, and the keenest attention was paid to the excellent play, the contest being of a careful scientific character on either side, resulting in several deuce games. Henry won the first set, 6-4, yet there were several of the onlookers who still considered that if Coulson could manage to win the next set, he would in all probability also win the third. But Henry proved the better man. Although he won this set by 6-1, it was a far more even set than the score would indicate; for it was by no means won until the last two points from deuce were positively settled, and it was a thoroughly well contested game, Coulson playing the plucky and persevering losing game, that always marks a "Guy's man."

Henry, by beating Coulson, had gained his way into the final round, and was to meet E. Reid, but unfortunately owing to the closeness of the exams. for Henry, and cup ties for Reid, this has not been played off, and the prize was divided between the two.

BERNARD G. REYNOLDS, Hon. Sec.

THE FIVES TOURNAMENT.

This Tournament was started this year under the management of the Club Committee; there was a respectable entry of 24. The first two rounds furnished some capitally contested games, and resulted in Messrs. Chapman, Roper, Salter and Coulson, getting into the semi-final, the latter having a bye. Roper somewhat easily defeated Salter, but was unexpectedly beaten by Chapman, who has improved in form very much. The final tie was decided by Coulson, beating Chapman by three games to one.

APPOINTMENTS.

Bradbury, John Augustus, M.R.C.S. Eng., L.S.A., has been appointed Medical Officer of the Wigan District and the Workhouse of the Wigan Union.

Farr, E. A., L.R.C.P. Lond., M.R.C.S., has been appointed Medical Officer to the Post Office, Andover.

Fraser, E. E., M.R.C.S., L.R.C.P., L.S.A., has been appointed House Surgeon to the Royal United Hospital, Bath, *vice* L. H. Walsh, M.R.C.S., L.R.C.P.

Green, A., M.B. Lond., L.R.C.P., M.R.C.S., has been appointed Surgeon of the Chesterfield and North-east Derbyshire Hospital.

Hearnden, W. C., M.R.C.S., has been re-appointed Medical Officer for the Headley Sanitary District of the Epsom Union.

Birth.

PURVES.—On July 15th, at Hardwicke Cottage, The Common, Wimbledon, the wife of W. Laidlaw Purves, M.D., of a son.

Marriages.

LUND — BALLANTINE. — On June 30th, at St. Andrew's Presbyterian Church, Bournemouth, Herbert Lund, F.R.C.S., St. John Street, Manchester, to Mary Crochatt, eldest daughter of the late Thomas Ballantine, Esq., of Greenock.

MUSPRATT—KNOX.—On August 3rd, at the Church of the Ascension, Balham Hill, Charles Drummond Muspratt, M.D., F.R.C.S., of Bournemouth, to Mabel, eldest daughter of Ralph Henry Knox, C.B., of Trouville Road, Clapham Park.

NOTICE TO CORRESPONDENTS.

The Editors wish it to be understood no communications can be inserted which are not guaranteed by the name of the sender. All articles must be written on one side of the paper only.

Notice.

All Communications, Articles, Letters, Notices, and Books for Review, should be forwarded, accompanied with the name of the sender, to the Editor, GUY'S HOSPITAL GAZETTE, *Guy's Hospital, S.E.*

The annual subscription to the GAZETTE *is 6/6, post free 7/6. All financial communications, as well as subscriptions, should be sent to the Financial Editor,* Mr. C. H. WELLS, MEDICAL OFFICE, GUY'S HOSPITAL.

Any of our Subscribers, who may be desirous of having their numbers of the GAZETTE *for 1891 bound, should leave them with the Librarian as soon as possible.*

The charge for binding in blue, with the Arms of the Hospital in gold, will be ONE SHILLING *and* SIXPENCE.

Guy's Hospital Gazette,

SEPTEMBER 17, 1892.

THE SALT OF THE EARTH.

We are often told that not so very long ago it was the custom of our grandparents to undergo a solemn ceremony every year, at which every member of a household would be called up, and one after the other they would be all bled. Bleeding has gone out; transfusion, or a practice that goes by that name, has come in. And this practice, or one that is a very close parallel to it, is annually undergone by the Institution to which we belong.

We hope, shortly, to see a great accession of new blood infused into the veins of the Hospital. Considering that the life of a student at Guy's may be estimated at, as a fair average, five years, it would be very remarkable if this annual process of transfusion, amounting to a complete renovation of no less than one-fifth of the whole body of students, did not bring about every year remarkable changes in the constitution and character of that body. And yet most people at Guy's believe that the changes are not so very conspicuous; the new conforms to the old; and the nature and character of the Guy's man remains what it has always been. Now, as we have good reason for being proud of our past, it will surely be logical on the part of the newcomers, if their hearts swell with pride at the prospect that opens before them, and of ourselves, if we congratulate them on it. At present they are mere inorganic salt solution; they will in a very short time become organized, enter into another natural kingdom, at present strange to them, and become the very life blood of an organism that stands high in it.

What the emotions of salt solution must be when about to be injected into the veins of a patient, we may well wonder. The excitement must surely be beyond comparison with anything in everyday experiences. Imagine the molecule of inorganic salt being taken in hand by some kindly leucocyte, and initiated into all the mysteries of cerebral, digestive and muscular processes, of which even the most learned Physiologists can get glimpses only, as it were, from some outer court of the Gentiles; imagine the turmoil of excitement in the breast of the molecule as the kindly leucocyte tells him that he is now to take part in, and be a part of, one and all of even the most hidden of these mysteries.

However, we can well imagine at the same time that under these circumstances a leucocyte may have been found somewhat of a bore; the situation is somewhat peculiar, and trying for the tact of both parties. The temptation for the leucocyte to patronize must be very great; and we doubt not, has on more than one occasion, proved too strong for him. And, indeed, it is related of an inorganic molecule on such an occasion, one who had not lost his savour, and who, while he felt to the full the grandeur of the prospect before him, did not lose his proper pride in wonder at it, that he turned to the patronizing leucocyte and said, "what did they say the pulse was ten minutes ago?" The patient in this case rallied well, and was up and chasing the ward cat next week.

We have said the situation is trying; perhaps the best way out of it will be for us, having presented our congratulations and given our welcome, to direct the newcomer to the Medical School Office, where various coloured tracts, that may be had for the asking, will give him much fuller information than we could pretend to give here. We may specially draw his attention perhaps to the blue book (of the Clubs' Union): the physiology of the organism of which he is about to become part is there lucidly expounded.

SOME CASES OF DIAPHRAGMATIC PLEURISY, BY L. E. SHAW.

Being a Paper read before the West Kent Branch of the British Medical Association.

I am afraid that some of the reports of cases I am going to read to you this afternoon are rather meagre, and that some of the conclusions I propose to deduce from them are not quite conclusive, but I hope that they may afford subject for discussion which may be the means of throwing some light upon a subject that has seemed to me a little involved.

My interest in this subject was keenly roused, some years ago now, by the first case that I propose to relate, because it occurred in a relative of mine with whom I was at the time living, and because my failure to make a definite diagnosis in the early stage of his illness was naturally attributed to my professional incapacity, since a prophet is always without honour in his own country.

Before mentioning the cases in detail, I should like to define the condition and to indicate the varieties into which I think it may be conveniently grouped. Diaphragmatic pleurisy should mean an inflammation either confined to, or, first, or chiefly affecting the serous membrane covering the upper surface of the diaphragm, for unless some limitation in this direction is made in the use of the term, every pleurisy affecting the lower part of the thoracic cavity would be properly called diaphragmatic; for it is clear from post-mortem evidence that the pleural surface of the diaphragm is covered with lymph in all cases of pleurisy except those that are localized at the apex or are of recent origin. The important classification that has always to be borne in mind in dealing with these cases is as to whether they have their origin in the abdominal or thoracic cavities. In the former class, the inflammation of the pleura is the result of the spread of the inflammatory process through the muscular tissue of the diaphragm from some suppurative focus within the cavity of the abdomen, such a focus being usually a splenic, or hepatic abscess, or a localized collection of pus in connection with a perforating gastric or duodenal ulcer. This class of case has not, in my experience, given rise to any great difficulty in diagnosis, for the primary condition has generally brought the patient under treatment some time before the thorax has been invaded, and has given rise to manifest symptoms. From the latter class, those that have their origin in the thoracic cavity, we must first exclude, in accordance with our original definition, those which arise subsequently to, or in association with the ordinary inflammation of some part of the pleura accessible to auscultation. For it is, of course, the impossibility of detecting a "rub" when the diaphragmatic pleura is alone affected that is the most important reason for giving to these cases a special character. With this limitation we have to deal with two great classes, those in which the pleural inflammation is primary, and those in which it spreads from some inflammatory condition of the lung, generally an ordinary lobar pneumonia. With this brief indication of the scope of the subject I will proceed to relate the cases.

CASE 1 occurred in a healthy man of about 35 years of age, who had previously suffered

from no serious illness of importance but had occasional attacks of indigestion. His illness began quite suddenly one evening after dinner, with severe pain in the upper part of the abdomen and lower part of the thorax. A doctor was at once called in to see him, and from the acute onset and severity of the pain gave a provisional diagnosis of biliary colic. Two days later I took charge of the case. I found the patient with a moderate degree of fever, with rapid respiration, and severe pain in the gastric region which varied considerably in intensity, but was never of sufficient acuteness to again raise the question of gall-stone colic, and seemed to be definitely related to taking food. No physical signs of any sort could be detected. The previous history of indigestion, the increase of pain after taking food, and the localization of the pain to the region of the stomach, made me at this time fear that the condition might be dependent upon the extension into the surrounding tissues of some inflammatory process from a hitherto quiescent gastric ulcer. The case failing to become more clear after three days, I asked one of my colleagues to see the patient with me, and he also failed to come to a definite diagnosis, but suggested the possibility of some slowly progressive deep-seated pneumonia. There was slight painful cough, but neither now nor later in the case was there any expectoration. Four days later a well-marked pleuritic rub was for the first time heard, at the lower part of the left axilla. I could not even then feel sure that there might not be some deep-seated suppuration beneath the diaphragm which was extending to the thorax: but the subsequent features of the case, which, after the development of the rub, ran a fairly typical course of pleurisy with some slight effusion, and the fact that the patient has remained perfectly well in the last six years, leave now no doubt in my mind that we had to deal with a case of simple primary pleurisy in which the inflammatory process began in the pleura over the diaphragm and remained localized there for more than a week.

Case 2.—The second case is that of a female domestic servant, who was admitted into Guy's Hospital under Dr. Goodhart for severe abdominal pain. Her previous history was unimportant, except that she had occasionally suffered from bilious attacks and indigestion. Her illness began eight days before her admission with pain in the upper part of the abdomen associated with constipation. At first the pain was slight, but after four days it became so severe that she took to her bed. She was not sick. On admission the abdomen was distended, the legs were drawn up and there was little if any movement of the abdomen on respiration. The pain was chiefly referred to the hypochondriac regions, was more severe upon the right side, and was made worse by taking food. The respirations were somewhat hurried, being 30 per minute, and there was slight cough without expectoration. A few rhonchi were heard in the chest, but no other physical signs. At the time of the onset of her illness the patient was menstruating, and the sudden cessation of the flow was considered to have a possible connection with her condition, which was by some who saw her diagnosed as one of peritonitis. On admission her temperature was 100·2 F., and it varied during the next week between 101 and 99, after which it did not rise above 99. She was at first kept strictly upon milk diet, and during the earlier days of her stay in the Hospital occasionally vomited. Six days after her admission—that is, on the fourteenth day of her illness—a distinct pleuritic rub was heard at the base of the right chest, which remained audible for six days, when it gradually disappeared. Its disappearance seemed to be due to the pouring out of serum into the pleural cavity, for the base of the right chest became quite dull, and breath sounds were diminished.

When the effusion had taken place the chest was ordered to be strapped, and the patient then made an uninterrupted recovery, and was discharged quite well one month after admission.

CASE 3.—The third case was that of a youth aged 18, admitted into Guy's Hospital under Dr. Goodhart on December 19th, 1887. He was a boot-maker by trade, and was sent up to the Hospital by the doctor under whose care he had previously been as a doubtful case of typhoid fever. He had had acute rheumatism four years before, and had often suffered from tonsillitis. His illness began rather indefinitely six days before his admission with thoracic pain. During these six days he had occasionally stayed from work but had not taken to his bed. On admission he was suffering from slight fever with pain in the back and chest. No definite physical signs were made out in the chest or abdomen, and he was ordered Salicylate of Soda, under the impression that the fever was due to a return of his acute rheumatism. On the next day the temperature was 102, and there was much gastric pain after taking food, and there was some abdominal distension. At this time typhoid fever was seriously considered as a probable diagnosis, and the Salicylate was stopped. On the third day after admission—that is, about nine days from the commencement of his illness—a well-marked rub was heard in the neighbourhood of the cardiac impulse synchronous with the respiratory movements, as to which it was uncertain whether it was pericardial or pleural in origin; but two days later it had extended over all the lower axillary region of the left side, and was clearly pleuritic. As the rub extended, the base of the chest on that side became dull to percussion, and there were some indistinct signs of consolidation of the lung. From this time the case presented no unusual features except that it was rather intractable, which may perhaps be attributed to the rheumatic origin of the pleurisy. That it was rheumatic in origin is suggested both by the previous history of acute rheumatism and by the fact that while in the Hospital the patient had several slight attacks of fugitive inflammation of the smaller joints. The fluid was absorbed without aspiration, and the temperature remained somewhat raised for about three weeks.

CASE 4.—The fourth case, which was also rheumatic in origin, occurred in a page, aged 19, who was admitted into Guy's Hospital on November 13th, 1888, under Dr. Goodhart. He sought admission for shortness of breath. He had twice before been in the Hospital, once for acute rheumatism associated with pericarditis, and once for pleuritic effusion following rheumatic fever. His present illness began three days before admission with dyspnœa and pain in the thorax. When first seen he was breathing 44 times in the minute, and suffering acute pain in the right side of his chest, which was made worse by deep respiration. The temperature was 101 on admission and 102 on the next day. Repeated careful examination of his chest failed to detect any physical signs until the fourth day after admission—that is, the seventh day of his illness—when a well-marked pleuritic rub was heard outside the right nipple, and there was some indistinct tubular breathing at both bases. Three days later there was dulness at the right base as from pleuritic effusion, and a week later the rub had quite disappeared. He was discharged cured two months after admission, having once or twice had slight effusion into some of his joints.

CASE 5 differs from the preceding ones in that the existence of pleurisy is only a matter of inference, the illness subsiding rapidly without the development of a rub. The patient was a youth aged 18, a brass finisher, who was admitted into Guy's Hospital, under Dr. Pavy,

in 1889, for a severe pain in the lower part of the right chest, which began quite suddenly one morning four days before his admission. When first seen he was breathing rapidly and shallowly, and complaining of pain in the right hypochrondriac region, which was increased by taking a deep breath. The breath sounds on this side were less distinct than on the other, but there was no dulness on percussion, nor was there any rub or other abnormal sound audible. His temperature was 101. There was no cough or expectoration. A blister was applied to the right side, and the next day the pain was much relieved. The case was diagnosed as one of diaphragmatic pleurisy. The temperature fell rapidly while in the Hospital, and the patient was discharged on the fourth day, the duration of the illness being eight days.

These five cases are examples of the class to which I have alluded, in which the inflammatory process arises within the thorax. The last case to which I shall refer illustrates, I believe, the condition in which the process commences in the abdomen and extends through the substance of the diaphragm. I record it because, contrary to the usual course of such cases, the primary abdominal disease did not become obvious until some months after the occurrence of the attack of pleurisy dependent upon it.

CASE 6.—A manservant, æt. about 30, who some years before he came under my care had had one of his testes removed for what was at the time thought to be sarcoma, but afterwards proved to be gumma. The attack of what I suppose to be diaphragmatic pleurisy began gradually with very severe pain in the lower part of the right chest. The pain was greatly increased by movement or by taking a deep breath. It was not associated with any cough, and on the one or two occasions on which the temperature was taken there was not found to be any fever. On examination the right side of the chest moved less freely than the left, and the breath-sounds were less distinctly audible. There was no dulness on percussion nor any rub. The liver was very carefully examined, because with the doubtful history of sarcoma the existence of secondary deposit was suspected, but no enlargement nor tenderness of the organ could be made out. The pain, which was obstinate to treatment, continued for nearly a fortnight, and then gradually subsided. No further physical signs developed to throw any light on the nature of the case.

About six months later I saw the patient again, who then complained that he had noticed a lump, which was greatly increasing in size, beneath the right ribs. I found a prominent hard mass protruding from the anterior surface of the liver, in which there was doubtful fluctuation, and over which the skin was red and œdematous. I sent him into the Hospital, thinking that some surgical interference would become necessary, but under Iodide of Potassium the swelling greatly and rapidly diminished. There was therefore no doubt that he had a gumma in his liver. The condition of the base of the right lung at this time strongly suggested that there had been some chronic pleurisy, probably slowly progressing since the severe attack of pain six months before. There was very little expansion of the extreme base, and the percussion note over it was somewhat dull —facts which suggested that the pleura was thick and adherent and the lung partially compressed.

The first point which I think is illustrated by the cases I have read is this, that if they are cases of diaphragmatic pleurisy, there is no such marked difference between these and other pleurisies in the symptoms or in the severity of the disease as used to be described in Text-books on Medicine some years ago. We used to be told that when the pleura covering the diaphragm became involved in pleurisy the case

at once assumed a more serious aspect, the respiration was much more painful and rapid, and the disease was likely to extend to the abdomen. I have already said that I believe all pleurisies of the lower part of the thorax involve the diaphragmatic surface of pleura, and that the only profitable use of the term diaphragmatic pleurisy is in cases in which the inflammation is confined to that region altogether, or for the greater part of the illness. With such a limitation of the use of the term, it is obvious that the cases would, on the whole, tend to be mild rather than severe, since the more acute inflammations spread rapidly to the entire serous covering. I cannot help thinking that this separation of a group of cases of peculiar severity under the term diaphragmatic pleurisy either arose from a *priori* reasoning on account of the great mobility of the diaphragm, or from the absence of post-mortem examination in cases which really were examples of extension into the thorax of localized abscesses beneath the diaphragm.

The main feature which the cases I have recorded have in common, and which makes me think it worth while to retain, with certain restrictions, the name diaphragmatic pleurisy is a prolonged period at the commencement of the illness during which the characteristic physical signs are absent. I am aware, of course, that in ordinary pleurisy it is not at all uncommon for the rub to be heard only after two or three days have elapsed since the onset of symptoms, but in the majority of the cases here related, this prodromal period—if I may so call it—extended to more than a week, and in one of them to fourteen days. An illness in which there is much pain, and moderate fever lasting for several days, without any physical signs leading us to make a definite diagnosis, must always give rise to considerable anxiety. One of the chief aims I have had in view in putting the reports of these cases together was to see what symptoms they possessed in common during the period of uncertainty, so that should similar cases come under our notice, we might perhaps be able to recognise their nature before the development of the characteristic rub. In the reports I have generally indicated the possible diagnosis that those of us who saw the cases inclined to before the exact nature of the disease was determined. They were gallstones, gastric ulcer, typhoid fever, deep-seated pneumonia, localized peritonitis, acute rheumatism, growth in the liver. Truly an imposing array of very serious diseases, and when we reflect that all these cases recovered in less than two months, our suspicions as to the grave nature of their ailments clearly caused us a most unnecessary amount of anxiety.

It is interesting to note in how many of these cases, attention was drawn to the abdomen as the possible seat of disease. It is well known that affections of internal organs often reveal themselves by pain localized in some quite distant part of the surface of the body, and one can easily recall cases of ordinary pleurisy, especially in children, in which complaint of pain has been made in the abdomen. But it is probably not alone the situation of the pain that caused in our cases the abdomen to be suspected as the seat of disease. Severe pain after food was complained of by some of the patients, and was, no doubt, explained by the pressure of the distended stomach upon the inflamed diaphragm. In others, impairment of movement of the abdomen in respiration was noted, a symptom that one would expect to be more obvious in cases in which the pleurisy was confined to the diaphragm, than in those in which it was more general.

On the whole, I am afraid I must admit that there is no great similarity between the cases, or at any rate, no one or two striking symptoms that can be pointed out as pathognomonic. Roughly speaking, one may say, that during the

time that a pleurisy is confined to the surface of the diaphragm, there will probably be—

(1.) *Fever* (which should serve to distinguish it from gallstones and gastric ulcer).

(2.) *Rapid respiration out of proportion to the height of the fever* (which should serve to distinguish it from typhoid fever and acute rheumatism).

(3.) *Dry Cough* (which perhaps might distinguish it from pneumonia).

(4.) *Abdominal pain and impaired respiratory movement of the abdominal wall* (which should not lead us to confine our attention too strictly to the abdomen).

(5.) *Absence of physical signs in the chest* (which if it continues for more than three days, should make us suspect that we have not quite an ordinary case of pleurisy to deal with, rather than lead us to abandon the diagnosis of pleurisy altogether.)

I see so many interesting papers have been promised for this afternoon, that I will not detain you longer in considering this subject, but will merely recapitulate the conclusions that I have attempted to suggest in this short paper.

(1.) That common basal pleurisy always invades the surface of the diaphragm.

(2.) That this invasion of the diaphragm gives rise to no special symptoms.

(3.) That the term diaphragmatic pleurisy may be profitably retained for those cases which begin in, and are for some time confined to the surface of the diaphragm, during which period no rub is audible.

(4.) That two classes of such cases must be distinguished according as the process is primary in the abdomen or in the thorax.

(5.) That in the primarily thoracic class, the cases are not generally very acute, and present considerable difficulties in diagnosis in the early stage, which difficulties may sometimes be overcome by a careful consideration of all the symptoms.

A HISTORY OF GUY'S.

By Wilks and Bettany.

A work dealing with the history of Guy's Hospital must needs be of value to all students who love their Alma Mater, and in welcoming those who are joining our ranks for the first time, we cannot do better than commend this very interesting book to their attention. An announcement appeared in these columns as long ago as February 2nd, 1889, that our late teacher, Mr. G. T. Bettany, was proposing to write a full biography of Thomas Guy, the founder of the Institution, and to combine with it a history of the Hospital, and biographies of the notable men and celebrated discoverers who have been members of its staff, excluding for obvious reasons the names of living men. The cause of the delay in publication is easily told. Mr. Bettany was an author of considerable note, his "Eminent Doctors" is well known, and his contributions to medical biography have been numerous. He was also the editor of the "Minerva" library, and a monthly magazine. But literary work is not often lucrative, and he found it necessary to undertake these and many like duties as a means of livelihood, with the result that he had little time for carrying out those extensive researches which an exhaustive account of the life and times of Thomas Guy demanded.

He was, however, fortunate in obtaining the assistance of Dr. Wilks for that part of the book which was to relate the history of the Hospital and the development of its renowned Medical School. No one was more competent to undertake this duty, and Dr. Wilks was not long in fulfilling it. But Mr. Bettany, owing to his multifarious occupations and, we might add, his weak health, was often hindered in carrying out his proposal. Then came his somewhat unexpected death—his work unfinished. Yet that on which he had bestowed months of

unremunerative labour, and which will ever stand as a monument to his memory—his biography of Thomas Guy—was already in the press. Since that time the book has been in the hands of Dr. Wilks, who has followed the original design of the author as far as practicable, and we are pleased to say that it will be issued early next month.

As we have been favoured with an advance copy of the book, it may interest our readers to know something of its contents, and we hope that those who have not already done so will be induced to put down their names as subscribers.

We do not hesitate to say that the work is worthy of Guy's Hospital, and what greater praise could the authors desire? It tells the story of the founder's life as it has never before been told—a life of industry and well-merited success, of philanthropy and unprecedented benevolence. It vindicates his character from the charges which have been recklessly brought against him, and by an appeal to the facts of contemporary history throws a new light on what have been considered the "shady" parts of his career. The student of history will find much information in the account of Guy's printing and publishing for the Oxford University, and the interminable quarrels between the Oxford printers and the Stationers' Company. But for the majority the chief interest of the book will be found in the lives of the many great ones whose names are written for all time, not only in the history of this Institution, but in that of Medicine itself. It is remarkable how many of the worthies of Medicine and Surgery, and the allied sciences, who have passed away in the space of one century, have wrought and gained their far-reaching fame within these walls. And now, in the pages of this volume they live again, as in their own times and in their own ways—their portraits drawn by the hand of one to whom many of them were personally known. The histories of the discoveries associated with the names of some, the peculiarities and pleasantries of others, and the interest which they all took in the Hospital and its School are here duly set forth in a style which cannot fail to please. The biographies which form such an important part of the book are separated by distinct headings, which make it easy reading; and everyone may be assured that he can find no pleasanter way of spending an hour during the dark winter evenings which will soon be upon us than in perusing this excellent "History of Guy's."

The volume will be uniform in shape with the Guy's Hospital Reports, and will contain several illustrations taken from old prints. It will be issued to subscribers at practically cost price (10s. 6d.), and as considerably more than half of the edition has been already taken up, those who are desirous of possessing a copy, are recommended to send in their names *at once* to Mr. Wells, Medical Office, Guy's Hospital. The subscribers' list must be closed by the 15th of October, and after that date the price of the book will be 15s. There will also be a large paper edition, handsomely bound, for private circulation; a few copies are not yet disposed of, and orders for them will be received at the Office, price one guinea.

GUY'S HOSPITAL SWIMMING CLUB.

The Inter-Hospital Swimming Club Committee have fixed an entertainment in October, at which it is proposed to bring off the final for the Inter-Hospital Water-Polo Cup, and also to hold Inter-Hospital and open competitions.

All new men joining the Hospital this season who are interested in swimming are particularly requested to join the Club, as it is most necessary to have a good polo team to oppose St. Thomas's and St. Bartholomew's. The subscription is 2s. 6d., and there is no entrance fee.

GUY'S HOSPITAL DEBATING SOCIETY.

The first meeting of the Society will be held in the Club Smoking Room, on Saturday, October 8th, at 7 p.m., when Mr. W. C. Pakes will move: "That this meeting deplores the return of Mr. Gladstone to power." Mr. F. G. Hopkins, B.Sc., will oppose. All Guy's men cordially invited.

L. A. PARRY }
W. C. PAKES } *Hon. Secs*

Passim.

The Physical Society will hold its first meeting on Monday, October 3rd, at 8. The Society always turns up strong to hear Dr. Wilks; and this year Mr. Maylard's paper on "How to remain a Student throughout Life," a very promising subject, is sure to draw. We hope that all who have acted on the principle that Mr. Maylard will speak upon, and there are many of one kind and another, will turn up and give their experiences of the easiest way.

The Annual Dinner of the Students' Club will take place in the Dining Hall, on Monday, October 3rd. Last year a good many late applicants were disappointed, so in view of the fact that it is impossible to seat more than 120, we would advise those members who wish to attend to secure tickets at once by forwarding their money to the Steward. Three-and-sixpence each.

It is expected that the Exhibits at the meeting of the Physical Society on the 3rd will be of unusual interest. The Exhibits Committee desire it to be understood that any gentlemen with specimens of pathological or other scientific interest of whatever kind, who would be willing to exhibit them that night, have only to communicate with any member of the Committee on the subject.

We would remind amateur photographers that there are three vacancies upon the Photographic Committee of the Physical Society, which will be filled up by the Presidents from among those students who exhibit the best specimens of their work on October 3rd. Those who wish to show photographs, which need not be of professional subjects, should communicate with one of the members of the Exhibits Committee, Messrs. H. E. Durham, Meadows Turner, Daldy, and Mackeson.

The annual cleaning of the Club premises in the College has this year resulted in a decided improvement in the appearance of the Dining Hall. A polished oak rail has been put all round about 3ft. from the ground, and while the wall under this has been coloured as of old, that above it has been given a much brighter tint. The same experiment of a lighter distemper has been tried in the Reading and Smoking Rooms—as we think, with a pleasing result.

The Clubs' Union ground at Honor Oak Park can now be visited for the modest sum of fourpence, and will be found in a highly satisfactory condition. Of course some of the made ground is settling into holes pretty considerably, but next spring this will easily be remedied. The turf is on the whole better than it promised last June—indeed, on the actual cricket preserve it is excellent, and has furnished some nearly faultless wickets even this summer. The Pavilion, too, is rearing its head above ground, and it is hoped that enough of it will be got ready in time to accommodate our football teams this year. If this is impossible, we can find dressing rooms near the ground for the early part of the season, for it has been decided to use the ground for football at once.

The Fives Courts, now that they are finished, are giving a great deal of satisfaction. A good run-back has been provided by cementing and gravelling the ground for a distance of several yards, and the courts themselves are playing very true.

In our last issue, writing of Mr. Francis Steward's career, we gave the credit of his school education to the Bedford Grammar School. This was, of course, an error, the Bedford County School being meant. Mr. Steward's record at this Institution was, as we stated, a most exceptional one. In the year 1888 he obtained the Royal Agricultural

Scholarship, the Junior Bennet Exhibition, and the Silver Medal for Science. In 1889 the Senior Bennet Exhibition fell to him, and likewise the Silver Medals for Science and Mathematics. Coming to Guy's, we may remind our readers that he took the Entrance Scholarship in Science, and also the First and Second Years' Prizes.

BY some mishap the Pass Lists that we recently published were incomplete; we apologize to the gentlemen concerned, for the omission of their names. They were:—Preliminary Scientific (Chemistry only), H. Leader; Materia Medica (Conjoint Board), W. F. Reckitt, J. C. G. Reed.

THE DENTAL SCHOOL.

We offer our customary congratulations to the dental students who are just about to commence their Hospital career, and as the School is now in such thorough working order they will have no difficulty in ascertaining what they have to do and how they have to do it. The first thing the student should do is to obtain all the instruments enumerated on the printed lists supplied in the Medical School Office. The Dental House Surgeon will meet the new students daily during the probationary period, and will give them instruction. By the end of the probationary period the new Conservation Room will be ready for use, and the light will be good even in the winter. There is plenty of practical work for everyone to do, and students cannot too soon acquire the habit of attending their patients by appointment. So many lectures and demonstrations have to be attended that the only way to avoid waste of time is not only to make appointments, but to keep them punctually.

The requirements for the L.D.S. have been much extended of late, and only the best students will be ready for examination in two years.

THE PLACE OF THE ANÆSTHETIC CLERK IN NATURE.

All Things follow the laws ordained by evolution. Amongst Things are the residents of our Great Hospitals; this is obvious when we call to mind the old toast given weekly in the old "Rooms"—"The Dresser for the Week! May he occupy in turn all the seats at this table!" In other words the Dresser for the Week is but the gentle wherefrom developes the busy buzzy bluebottle of higher authority. In any evolutionary series of living or dead creatures, missing links are almost invariably inconspicuous by their presence. Is there a missing link between the complex H. S. and the individuals of lower grades of organization? There are some who aver that there is such a creature—nay, they have even gone so far as to fashion an ideal prototype of strange form; and this is called the Anæsthetic Clerk.

What function does he undertake or practise? Does he follow the slow gradual upward course usual in nature, or is he a precocious sport? Is he certain to tread the ascending path in his evolution, or will he pass into a state of degeneracy? Time, and the examination of fossils, alone can shew.

It has been frequently said, and that with perfect truth, that the H. S. has more anæsthetics to give than he wants or even cares about; for the ordinary induction and maintenance of anæsthesia is truly a vapid, colourless (sometimes), and tedious entertainment. What the H. S. wants are not such cases, but rather those requiring more management, such as during operations about the throat, nose and jaws (cleft palates form an admirable example), or again, when prolonged anæsthesia is necessary (*e.g.*, abdominal cases); in these, judgment of the amount of anæsthetic requisite, a power only to be gained by experience, is brought to the fore.

The H. S. would gladly give up, or otherwise get rid of, administrations to cases requiring operation in the perineal region, when he would have an opportunity of seeing and studying the extent and nature of the operative interference; it being understood that no suggestion is offered that he watches operations in other more visible regions more than is sufficient to guide him in the rate of supply of the insensiferous drug.

It is therefore proposed that the Anæsthetic Clerk should administer to cases requiring minor and trivial operations and perineal surgery. What a field exists for him in the out-patient department on Tuesdays and Fridays!!

Surely the more simple cases should satisfy his maiden desires! Surely he should not endeavour to soar up into the welkin with unfledged plumes, when he can but be perilously near fluttering to engage his neck within a noose fashioned in the apronstring of his monthly nurse

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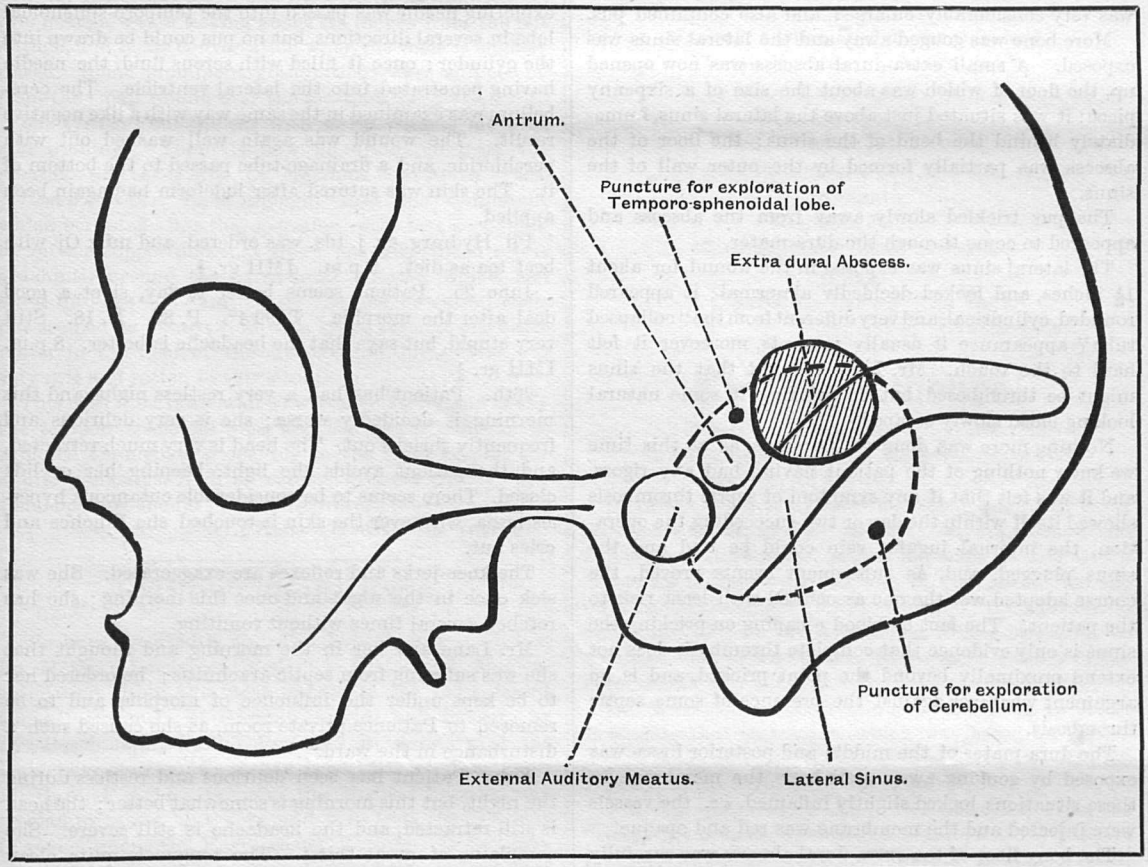
OTITIS MEDIA—SUBDURAL ABSCESS—LOCALIZED SEPTIC MENINGITIS—OPERATION—RECOVERY.

The following case is one of great interest, from the fact of the patient recovering, after having symptoms which seemed to indicate, without doubt, septic meningitis.

Matilda H., æt. 22, was admitted into Patience, under Mr. Lane, June 24th, 1892; she was sent up by a medical man who thought that she might have a cerebral abscess.



The leading symptoms were discharge from the left ear, fever and delirium.

She had had measles when a child, and had had discharge from the right ear off and on for seven years; a year ago a periosteal abscess formed and burst behind the right ear; the hearing in this ear is now entirely gone.

About a year ago trouble began in the left ear, with discharge, and a polypus was removed from the meatus; the discharge continued considerable up to three months ago, since when it has been much less.

May 14th. Patient was at work, and was attacked with sore throat, she was treated by a doctor, and in a week was well enough to be out walking.

22nd. She complained of ear-ache in the left ear, this continued night and day for a week.

30th. She had leeches applied behind the ear, and since this date she has been wandering in her mind, and has been very silly; previously she had been a very smart girl.

June 4th. She had a shivering fit, her teeth chattered and she shook violently. A week after she had another rigor, though not so bad as the previous one.

For the last week, June 17th-24th, she has been much worse, the temperature has been up to 102°, and she has been more delirious and stupid.

On admission.—She looks extremely ill, with a very pained expression, she is much emaciated and anæmic. She is deaf in both ears, and there is a foul purulent discharge from the left one, although in this ear the bone conduction is good.

There is no swelling behind the ear over the mastoid, but on pressing in this situation it is found to be very tender.

Pupils are widely dilated, there is no swelling nor tenderness along the course of the internal jugular vein. Mr. Lane thinks this latter symptom a point of no value in the diagnosis of thrombosis of the lateral sinus, and when it exists fancies that it is due to glandular inflammation only. T. 100·4°. P. 104. R. 28.

Operation.—Mr. Lane exposed the temporal bone behind the auricle by his usual T-shaped incision, catching up numerous bleeding points with Spencer Wells' forceps, which also served to retract the flaps. The bone was cleared of pericranium and the mastoid gouged away on a level with the external auditory meatus.

The cancelli were found to contain foul pus, the antrum was very considerably enlarged, and also contained pus.

More bone was gouged away and the lateral sinus was exposed. A small extra-dural abscess was now opened up, the floor of which was about the size of a sixpenny piece: it was situated just above the lateral sinus, immediately behind the bend of the sinus; the floor of the abscess was partially formed by the outer wall of the sinus.

The pus trickled slowly away from the abscess and appeared to come through the dura-mater.

The lateral sinus was exposed in the wound for about 1½ inches, and looked decidedly abnormal; it appeared rounded, cylindrical, and very different from the "collapsed tube" appearance it usually presents, moreover it felt hard to the touch. Mr. Lane thought that the sinus might be thrombosed, but on pricking it some natural looking blood slowly escaped.

Nothing more was done to the sinus, as at this time we knew nothing of the patient having had any rigors, and it was felt that if any symptom of septic thrombosis showed itself within the day or two succeeding the operation, the internal jugular vein could be tied and the sinus plugged, and, as subsequent events proved, the course adopted was the one associated with least risk to the patient. The fact of blood escaping on pricking the sinus is only evidence that complete thrombosis does not extend proximally beyond the point pricked, and is no argument whatever against the presence of some septic thrombosis.

The dura-mater of the middle and posterior fossæ was exposed by gouging away more bone, the membrane in these situations looked slightly inflamed, *i.e.*, the vessels were injected and the membrane was red and opaque.

The bony floor of the extra-dural abscess was carefully scraped with a Volckmann's spoon, and the walls of the antrum thoroughly gouged away. The spoon was then passed down the external auditory meatus, and some cheesy stinking pus removed from the middle ear.

The wound was then thoroughly syringed out with perchloride of mercury solution (1 in 1000) and thickly dusted with iodoform. Over all a dressing of salicylic wool was applied.

Whilst the patient was under chloroform some atropine was dropped into the eyes and the fundi examined ophthalmoscopically. Mr. Lane thought that the edge of the right disc was somewhat blurred.

The patient soon came round from the chloroform, but shewed no improvement in the symptoms; she was extremely restless, throwing herself about in the bed, and frequently screaming out; she was not properly conscious, and held her head with her hands, as if she had headache; she was sick once or twice. At 6 p.m., T. 99·4°. P. 104.

Mr. Lane thought that there might be a cerebral or cerebellar abscess present to account for the symptoms persisting, so at 8 p.m. the patient was again put under the influence of chloroform and the wound opened up. More bone was gouged away to thoroughly expose the dura-mater of the middle and posterior fossæ, and an exploring needle was passed into the temporo-sphenoidal lobe in several directions, but no pus could be drawn into the cylinder; once it filled with serous fluid, the needle having penetrated into the lateral ventricle. The cerebellum was examined in the same way with a like negative result. The wound was again well washed out with perchloride, and a drainage tube passed to the bottom of it. The skin was sutured after iodoform had again been applied.

Pil. Hydrarg. gr. j. tds. was ordered, and milk Oj with beef tea as diet. 9 p.m. IMH gr. ¼.

June 25. Patient seems better to-day, slept a good deal after the morphia. T. 99·4°. P. 86. R. 18. Still very stupid, but says that the headache is better. 8 p.m. IMH gr. ¼.

26th. Patient has had a very restless night, and this morning is decidedly worse; she is very delirious and frequently shrieks out. The head is very much retracted, and the patient avoids the light, keeping her eyelids closed. There seems to be considerable cutaneous hyperæsthesia, whenever the skin is touched she flinches and cries out.

The knee-jerks and reflexes are exaggerated. She was sick once in the night and once this morning; she has retched several times without vomiting.

Mr. Lane saw her in the morning and thought that she was suffering from septic arachnitis; he ordered her to be kept under the influence of morphia, and to be removed to Patience private room, as she caused such a disturbance in the ward.

27th. Patient has been delirious and restless during the night, but this morning is somewhat better; the head is still retracted, and the headache is still severe. She complains of great thirst. The tongue is quite clean and the vomiting has abated. P. 100. R. 20. T. 98·4°.

28th. Patient slept more last night, and only rambled in her talk at times. The shrieking out has quite ceased. Pupils still widely dilated. Wound was dressed this morning, there was a good deal of blood-stained serous discharge, which smelt quite sweet. The wound was syringed out with warm boracic, and iodoform and glycerine injected.

Ordered custard in addition to milk and beef tea.

29th. Patient quiet and rational this morning; there is now no retraction at all of the head, and the headache has quite ceased; she still wanders slightly when

she talks, but has much more sleep. Ordered tea, bread and butter, and fish.

After this the patient progressed very favourably, the temperature rose slightly in the evening, but was never above 100°. The wound was dressed daily, and the iodoform and glycerine emulsion injected. The morphia was gradually diminished.

July 9th. She got up for a while.

12th. She was moved back into the ward, and soon afterwards she went out.

On August 24th she came up, and was much pleased with the improvement which has taken place in the hearing of her left ear. The right ear is still quite deaf. She hears a watch ticking about six inches from the left auricle, and hears conversation when the voice is slightly raised. Some prominent granulations were snipped off from the small wound over the mastoid.

She syringes out the ear with warm boracic morning and evening. There is now no discharge from the meatus. She takes Mist. Ol. Morrhuæ cum Ferro ʒj tds.

Remarks.—Mr. Lane thought that the symptoms, which persisted after the operation, were best accounted for on the supposition that there was a localized septic arachnitis around the extra-dural abscess, which had burst into the sub-dural space. At the operation some pus seemed to escape from this space through the dura-mater in the floor of the abscess, the dura-mater was very soft and rotten in this situation.

This case illustrates well how conveniently and safely the temporo-spenoidal lobe, and the cerebellum can be explored through one opening in the skull behind the auditory meatus, and, of course, drained through the same opening should pus be discovered.

ALFRED THEODORE RAKE.

ACKNOWLEDGEMENTS.

We have received a notice of a book just published by Messrs. Lewis, entitled "A History of Medical Education, from the most remote to the most recent times," obviously of German origin, and indeed, by Dr. Puschmann, Public Professor in ordinary at the University of Vienna; it has been translated by Evan H. Hare, F.R.C.S. Some of the Medical Schools may be glad to take a hint here, and turn from the methods in vogue among the Egyptians or Parsees. It certainly should be an interesting book, but we have not yet had a copy for review.

We hear the Leucocytes, old and young, are going to exercise their phagocytic powers at the Holborn Restaurant during the month. The menu will be as under:—

Hors d'Œuvres.
Spores de charbon bacilles sur croûtes.
Micrococques salées au vaselin.

Potages.
Sérum de bœuf alkalinisé.
Bouillon inoculé à la peptone.

Poissons.
Pâte de vibrions d'Asie au vin blanc.
Rougets de porc Colbert.
Alexin et Cie (*vin. brut 1892*).

Entrées.
Leptothrix en petites caisses.
Vol à vent de sarcolemmes.
Timbales de streptococques.
Château toxalbumin.

Relevés.
Sarcines rôtis.
Microphages embarrassées et farcies.
Pommes de terre sterilizées en tranches.
Haricots Lydies en Job par Accident.
Ptomaines frères. *Reserve cuvée.*

Entremets.
Gélose à pyocyanin.
Vaccins en tubes de verre.
Fine champagne et sozin.

Desserts.
Microbes diverses.
Marrons anatomiques rechauffés.

Café.
Liqueur de Pasteur (très sec.)

Correspondence.

To the Editor of Guy's Hospital Gazette.

Dear Sir,—Dr. Washbourn's letter in your July issue referred, I think, to my "Remarks on Transfusion and Intravenous Injection," which appeared in the Guy's Hospital Gazette at the end of last year. In the number for December 19th, I said that "the addition of phosphate of soda when in concentrated solution, as recommended by Dr. Hicks, destroys the vitality of the corpuscles."

Dr. Washbourn's observations do not seem to me to invalidate that statement, which was based on experiments made and conclusions arrived at by Dr. William Hunter, in his Arris and Gale Lectures.

I would respectfully refer Dr. Washbourn to the "Summary of three Lectures on Tranfusion," by William Hunter, M.D., as published in the *British Medical Journal*, and will only trouble you with the following extract from the third lecture (see *British Medical Journal*, 10th August, 1889):—

"Its behaviour towards the corpuscles outside the body affords no criterion of its probable behaviour after injection. In all cases bodies so introduced, are in the position of foreign bodies. Their action will be harmless only on one condition, namely, that they affect in no way the activity of the cells of the blood on the one hand, or of the blood organs on the other. My observations show that in the case of sodium phosphate, this condition is not fulfilled.

"In every instance in which the salt was injected along with the blood, the subsequent blood destruction was of a more active character than that observed after transfusion of pure defibrinated blood alone, although the conditions of the experiments were precisely the same in all cases."—I am, dear sir, yours truly,

R. J. PYE-SMITH.

Sheffield, 25th Aug., 1892.

Hospital News.

IN THE WARDS.

Under Dr. Pye-Smith.

Philip 39.—Ascites. Cirrhosis of liver.
34.—Aneurysm of arch of aorta.
36.—Perityphlitis. Pleurisy.
29.—Abdominal pain. Abdominal tumour. Enlarged liver. ? Cirrhosis.
38.—Paresis of legs. Slight aphasia. ? G.P.I.
30.—Chorea. Mitral and aortic regurgitation.
29.—Thrombosis. Left iliac vein. Systolic bruit at apex. Pleuritic effusion.
28.—Ataxy with dysæsthesia. Pyuria. Incontinence of urine.
27.—Œdema of legs. Mitral regurgitation.

Under Dr. Goodhart.

1.—Pleuritic effusion. Aspirated three times. Third time fluid found to be slightly purulent. Excision of Rib.
Philip 3.—Locomotor ataxy.
12.—Epistaxis. Chronic nephritis.
13.—Progressive muscular atrophy.
16.—Typhoid.
19.—Irregular heart. Pleuritic effusion.
15.—Mitral and tricuspid regurgitation. Enlarged liver. Pericarditis.

Under Dr. Taylor.

Stephen 8.—Acute nephritis. Hæmaturia.
12.—Pseudo-hypertrophic muscular paralysis.
10.—Crutch paralysis.
6.—Albuminuria. Phthisis. Glycosuria. Loss of knee-jerks. Urine specific gravity 1020. Quantity not increased. ? Diabetes.
19.—Diarrhœa. Wasting. Distended abdomen. ? Tubercular peritonitis.

Under Dr. Hale White.

Stephen 25.—Hæmoptysis. ? Phthisis left apex.
36.—Mitral stenosis. Tricuspid regurgitation. Enlarged liver. Albuminuria.
29.—Acute rheumatism; second attack. Mitral regurgitation. Pericardial effusion.
35.—Ascending myelitis.
30.—Right pleuritic effusion.
31.—Left pleuritic effusion and ? Carcinoma of stomach.
Stephen 40.—Anæmia. Abdominal pain. ? Malignant growth of colon. ? ? Pernicious anæmia.
35.—Hæmatemesis. ? Gastric ulcer. Epigastric pulsation and systolic bruit.
Mary
30.—Pityriasis rubia.
33.—Ulcerative endocarditis.
35.—Ulcerative endocarditis.
40.—Right hemiplegia with aphasia. Mitral regurgitation. Embolism.
38.—Diabetes mellitus.
42.—Phthisis.
39.—Chorea.
18.—Aortic stenosis and regurgitation. Mitral regurgitation.
20.—Ascites. ? Malignant.
22.—Left hemiplegia. Optic neuritis. Cerebral tumour.
Cot 51.—Enlarged liver and splēen. Jaundice.
3.—Acute rheumatism. Mitral regurgitation. Pericarditis.
7.—Ascites. Cirrhosis of liver.
9.—Typhoid. First relapse.

Clinical.

Miriam 22.—This case grew more and more comatose, with ptosis of left eye, and ? paralysis of right side. Post-mortem: tubercular meningitis was found with tubercle in spleen, liver, kidneys, lungs, and a caseating gland in the mesentery. A second case in the same bed is now dying very similarly.

John 4.—M., 29. Pneumonia right lung. The man died on the 11th day with pericarditis. There were 14ozs. of sero-pus in the pericardium.

John 6.—M., 50. This case developed a week before death, an erysipelatous rash over the right malar bone. Death took place on August 24th. Temperature rose to 105·4° shortly before. Post-mortem: there was found a small patch of bare bone under the site of the rash on the cheek, with a few drops of pus. All the organs were found healthy. It was considered hardly probable that the bone mischief found was the primary source of the pyrexia, having developed apparently so late. No other evidence of pyæmia was found anywhere.

John 6.—M., 14. Miriam 28.—F., 11. Illustrate perityphlitis. In the first case there was general peritonitis and death. In the second, a localized perityphlitic swelling.

Miriam 17.—F., 20. Intubation for laryngeal dyspnœa, catarrhal laryngitis; possibly double abductor paralysis (?)

Under Mr. Durham.

Lazarus 5.—Æt. 49. Stenosis of glottis with bossy fibroid nodules ? syphilitic (no history). Thyrotomy and tracheotomy, August 23rd. Doing well; still wears silver tracheotomy tube.

Lazarus 7.—Tuberculous abscess, at first resembling congenital cyst of neck.

Lazarus 11.—Ectopia vesicæ, æt. 27. Desired decorative surgery for marital purposes. Operation, scrotal flap perforated for penis and turned up; mesial flap

from abdomen turned down; surface left to granulate. Progressing favourably.

LAZARUS 12.—Epithelioma preputii; warty type.

LAZARUS 13.—Epithelioma preputii et glandis; ulcerative type. Old stricture of urethra. Was advised circumcision 20 years ago.

LAZARUS 18.—Ulcer of tongue; somewhat indurate. Three months' history. ? Primary syphilis [with epithelioma (?)] ? epithelioma alone.

LAZARUS 20.—Æt. 8. Necrosis of mandible. No history of exanthem.

MARTHA 3.—Peri-metritic abscess, pointing externally in mid line 2½in. above pubes.

MARTHA 4.—Femoral epiplocele with much fluid. Operation; radical cure, fixation of omental stump.

MARTHA 6 and 7.—Mother and child. Superficial burns; dressing, linimentum calcis. Blue pus disappearing since use use of boracic dressing.

CORNELIUS 4.—Æt. 5. Fractured clavicle; bruised kidney.

CORNELIUS 9.—Æt. 60. Complete outward dislocation of elbow (compound). Wound caused by internal condyle; coronoid process, probably split. Reduction under $CHCl_3$. Aseptic endeavours with $Hg.Cl_2$. Progress good.

CORNELIUS 14. Fracture of nasal and frontal bones by blow from beam of wood. Visible pulsation; unwounded dura. Healing well.

CORNELIUS 15.—Double Colles' fracture. Right arm simple; left arm wound into joint caused by styloid process of ulna.

UNDER MR. HOWSE.

NAAMAN 4.—? Gummatous ? epitheliomatous ulceration of tongue. Probably the latter supervenes upon the gumma. Two years' history as pimple, hard and painful, which began to grow rapidly seven weeks ago, and burst on Tuesday, Sept. 6th. Ulcer on centre of dorsum, anterior edge 1 inch from tip of tongue; it is 1½ by 1 inch in size and ½ inch deep; edges not undermined, base covered with foul yellowish slough. Numerous leucoplakia on tongue and lips, and numerous enlarged glands in sub-maxillary triangle of both sides.

NAAMAN 9.—Inflammatory induration of upper part of leg, involving popliteal space. Six weeks' history of tender lump in popliteal space, the size of a walnut. Three weeks ago, after long walk, the swelling began to grow, and has gone on ever since, although patient has been kept in bed. Diagnosis uncertain. ? Popliteal glands. ? Periostitis of tibia. ? Ruptured muscle fibre. ? Gumma breaking down; no signs of congenital syphilis.

NAAMAN 11.—Acute suppuration of knee-joint. Excision proposed. Disease began six weeks ago after getting wet through. Swelling was lanced, and pus came out through a drainage tube. Leg became flexed on thigh. On admission, the joint was swollen and discharging from a sinus on the outer side. The leg was flexed. Temperature 104° on admission. Very emaciated, likely to come to amputation owing to symptoms of pus in periosteum of femur.

NAAMAN 18.—Complete dislocation of knee-joint from disease. The disease commenced two years ago with a kick on the knee which lacerated the skin. Swelling around and flexion of the joint followed. The swelling was incised. Amputation was recommended and refused. Soon after this the complete dislocation took place, and the boy was taken to Northampton Infirmary; here the suppuration was cured, but they could do nothing for the deformity. On admission, the leg has a very remarkable appearance. The condyles of the femur overlap the tibia for 2½ inches, the latter bone lying behind and rather to the outer side of the femur. The patella is ankylosed to the external condyle. The femur and tibia are united by fibrous tissue. The boy can walk without pain with a stick and thick sole; nevertheless Mr. Howse proposes to excise, because

1. The overlapping and consequent shortening is increasing, fibrous tissue yielding to pressure.

2. The growth of the epiphysial lines will not tend to prevent this but rather to increase the overlapping, although not the shortening.

He does not, however, expect to be able to excise without destroying the epiphysial lamellæ. The boy is 10 years old. Photographs and a plaster cast have been taken.

CHARITY 9.—L. W., æt. 8. Mastoid disease. Trephining. Basal meningitis. Has had discharge for one year, and pain in ear for one month. On admission.—Around pinna was a large fluctuating swelling, well-marked facial paralysis and severe pain across forehead.

At the operation it was found that the abscess had opened the posterior fossa of the skull; gas and pus, very fœtid, came out. Patient is not dead yet.

CHARITY 11.—Large nævus on face.

CHARITY 13.—Great deformity. ? Rickets. ? Mollities ossium. Fracture of femur for sixth time.

CHARITY 15.—Fits. ? Traumatic epilepsy, but more probably hysteria. The fits began eight weeks ago, after a knock on back of head; she gets several a week. Aura faintness and tinnitus. She does not fall suddenly. The fits consist of great rigidity of the limbs, facial twitching, and unconsciousness; she does not bite her tongue.

ACCIDENT.—Fractured anatomical neck of humerus caused by falling 18 feet on the shoulder, very great extravasation around the shoulder.

UNDER MR. LUCAS.

ACCIDENT 9.—F. L., æt. 18, admitted August 25th, complaining of pain in abdomen. Previous evening was lifting vice (weight 1 cwt.) on to table; table gave way; patient attempted to prevent vice falling, and thought he overstrained himself; but vice did not strike him anywhere. Nothing wrong noticed for 18 hours, after which patient began to feel pain across loins and upper part of abdomen, and also had some sore throat. When admitted, pain in epigastrium and loins; tonsils ulcerated; temp. 102·6°; no œdema; no tenderness in hypogastrium; no frequency of micturition, and no pain in the act. Aug. 26th, urine obviously contains much

blood; no casts found; pulse soft and frequent; temp. 101·2°; pain only felt on movement, and then chiefly in left loin. Aug. 30th, patient vomited twice last night; complains of pain between shoulders and in abdomen; hæmaturia continues; blood casts found to-day; 66 oz. of urine; urea 1·1 per cent. Sept. 3rd, patient seems steadily worse; blood and casts continue; also bilious vomiting; discs normal; heart and respiratory system normal. Temperature has gradually fallen, rising sometimes in the evening to 100°, but normal in morning. Diagnosis: ? Ruptured kidney.

Job 18.—S. W., æt. 67, admitted August 25th, for weakness and wasting of arms. Family history, nothing important; patient has not had syphilis. On July 29th, patient was knocked down by shaft of cart, which struck him in back of neck; thinks cart-wheel went over left arm. He cried, "You have broken my neck," and put his hands up to back of head; he was carried home and put to bed. Right arm became painful that evening, and weak; the weakness increased, and after about a week the left began to get weak also. On admission, prominence and thickening about the three lower cervical vertebræ (? normal), and constant gnawing pain here—not increased by pressure. Pains in both arms, increased by movement of neck. Much wasting of both arms, especially right; deltoid on that side almost completely gone; no abduction of right arm; supination of right hand absent; pronation weak; other movements all more or less impaired in both upper extremities; sensation normal. Legs and reflexes of lower limbs quite normal. Dr. Washbourn saw the case, and found that the muscles reacted to Faradism. Diagnosis, Hæmatomyelia, extending longitudinally on right side from sixth to eighth; on left side not quite so far down, affecting chiefly anterior cornua, and slightly posterior nerve roots. Temperature has been normal, and patient's condition remained same since admission.

Lydia 16.—J. J., æt. 54, admitted August 22nd, for sore on right elbow. Forty-three years ago patient had burn (4th degree) of arms, especially right elbow, which was left contracted in position of flexion at right angle. The scar did not break down till patient was nearly 30 years old, after which it broke down every winter when exposed to the cold, but easily healed again when properly protected. Five months ago patient fell on her right elbow and bruised it. The scar broke down, and has been ulcerating since. On admission, typical epitheliomatous ulcer over back of right elbow, about 4 inches long and 2 inches wide; axillary glands apparently not infected. Amputation just below shoulder, and good progress. There was a history of cancer of the uterus in a sister.

Job 25.—J. D., æt. 48, admitted for tumour in left popliteal space. Eight years ago patient noticed swelling size of a marble here; no pain; it slowly increased in size, and seemed as it grew larger to move higher up the leg, until it reached its present position, *i.e.*, the apex of the upper of the two triangles forming popliteal space. About two months ago pain began in left buttock, and extended down to sole of foot, described by patient as "pins and needles." No history of syphilis. On admission, a dense, oval, slightly elastic tumour (feels like a solid indiarubber ball), size of large hen's-egg, in upper part of right popliteal space; distinctly encapsuled; lies beneath deep fascia, but seems to have some deep attachment, otherwise freely movable. No enlargement of glands. Neuroma was suggested; but an ordinary fibroma was the general opinion. Operation: dissected out; it was found to be a very tense cyst, containing gelatinous material; it was adherent to sheath of semimembranosus, and sent a narrow pedicle down towards knee, but did not communicate with knee-joint. It would seem, therefore, to have been bursal in origin.

Under Mr. Lane.

Lazarus 2.—Ectropion. Burn eighteen months ago. Operation—incision close to palpebral margin—reflexion of upper and lower lids. Immediate implantation of three large superficial grafts from thigh; space covered about 1½in. by 1½in. Uninterrupted healing.

Lazarus 3.—Papilloma vesicæ urinariæ, æt. 39. Three years' intermittent vesical hæmaturia. Suprapubic cystotomy; removal of growth by torsion at pedicle. Patient going out well.

Lazarus, Cot 3.—Congenital sacral multicystic tumour, 2in. by 1¼in. Removal.

Births.

BLACKLER.—On August 3rd, at Kingsclere, Hants, the wife of H. J. Blackler, M.B., of a son.

MORSE.—At Norwich, on September 5th and 6th, the wife of Thomas H. Morse, F.R.C.S. Eng., of twin boys.

SHILLINGFORD.—On August 5th, at Park House, Rye Lane, Peckham, the wife of Dr. H. Bartlett Shillingford, of a son.

Marriages.

HOSKING—HINTON.—On the 7th September, at the Minster, Warminster, Wilts, by the Rev. Prebendary W. Stokes Shaw, uncle of the bride, J. E. F. Hosking, L.R.C.P. Lond., M.R.C.S., to Rosalie, youngest daughter of Joseph Hinton, Esq., M.R.C.S.

MUSPRATT—KNOX.—On August 3rd, at the Church of the Ascension, Balham Hill, London, S.W., by the Rev. Hubert Curtis, Charles Drummond Muspratt, M.D., F.R.C.S., of Bournemouth, son of Henry Muspratt, late Bengal Civil Service, to Mabel, daughter of Ralph Henry Knox, C.B., of Trouville Road, Clapham Park, Accountant-General of the Army.

SMALLPIECE—PHILIPPS.—On August 9th, at St. Margaret's, Westminster, William Donald Smallpiece, M.R.C.P., Lond., to Cicely, eldest daughter of the Rev. Sir J. Erasmus Philipps, Bart., Vicar of Warminster.

APPOINTMENTS.

Oldman, C. E., M.D., M.R.C.S., has been appointed Medical Officer of Health to the Godstone Rural Sanitary District.

Holman, H. C., M.R.C.S., L.S.A., has been re-appointed Medical Officer for the No. 2 District of the Hailsham Union.

Notice.

All Communications, Articles, Letters, Notices, and Books for Review, should be forwarded, accompanied with the name of the sender, to the Editor, Guy's Hospital Gazette, *Guy's Hospital, S.E.*

The annual subscription to the Gazette *is 6/6, post free 7/6. All financial communications, as well as subscriptions, should be sent to the Financial Editor,* Mr. C. H. Wells, Medical Office, Guy's Hospital.

Any of our Subscribers, who may be desirous of having their numbers of the Gazette *for 1891 bound, should leave them with the Librarian as soon as possible.*

The charge for binding in blue, with the Arms of the Hospital in gold, will be One Shilling *and* Sixpence.

Guy's Hospital Gazette,

OCTOBER 8, 1892.

Physical Society.

FIRST MEETING.

The Society celebrated its first meeting on Monday, October 3rd. The ceremonies began with a dinner in the Dining Hall of the Students' Club, which was attended by many of the Staff, many old Students, and many of the present Students. The Dining Hall has seldom, if ever, had so large a gathering before.

After dinner the Society went over to the Chemical Theatre, where Dr. Wilks took the Chair, and was supported by the reader of the Paper (Mr. Ernest Maylard), the Honorary Secretaries of the Society (Mr. Dunn and Dr. Shaw), and by many of the Staff, and the Treasurer. The Theatre was packed literally from floor to gallery. Proceedings were opened by the President rising to address the Society.

Dr. Wilks, who was greeted, as he always is by this Society, with loud applause, drew attention to the fact that this meeting took the place of the old Address to Students with which the beginning of a new year was, and still is, inaugurated at many Medical Schools. He was very pleased to have this opportunity of welcoming so many Students to the Profession, and congratulating them on their choice of a school for their preparation for it. Looking round on so many new faces, he was reminded of what Abernethy had once said on a similar occasion, "Good God! what will become of you all." These were hard times for doctors. In the country he heard of medical men being obliged to accept remuneration in kind from impoverished farmers—often in the form of old hay, sometimes even of old cows. In town there was the fierce struggle of competition, which made existence so hard for many. But there was one fact that should console everyone present. The Profession they were entering was not a trade, and they were not entering it merely for the sake of a livelihood. The interest which every medical man might and should take in his work was of so varied a nature that this alone could reward him for all his work and for all his struggles. The interest of Anatomy, in the first place, was such that a lady who had just taken the trouble to learn the anatomy and action of the muscles had recently been able to draw large and paying audiences by the fascination of the subject she had selected. The mechanism of the action of muscles in self-defence, walking, and other daily actions, were of commanding interest. Physiology again, the study of the functions of the body, was full of the deepest interests—and he referred to the life of the late Dr. Wooldridge in evidence of this; from the first day of his entry at Guy's he had given up his life to an absorbing passion for this study, and in four years had made for himself an European reputation. Then there was Chemistry, a science which not long ago was studied merely from the point of view of the druggist and dispenser, with regard to compatibility and incompatibility of drugs; but which now had taken a much higher place in the field of medical study. Pathology would later on in their career attract many by its vast importance and interests; and here he

meant to include not merely Pathology in the academic sense of the word, but Morbid Anatomy as taught in the Post-mortem Room of a practical School such as Guy's—a practical acquaintance with the actual conditions produced by disease. Symptoms might deceive, but Morbid Anatomy could not. Few diseases give pathognomonic symptoms; but in the Post-mortem Room not only could symptoms be verified, but the facts of disease observed. This was a study of the highest importance to practical medical men, and quite a different thing from the study of the theories of disease.

Lastly, there was the interest of the treatment of disease. By this he meant not the practice nearly allied to quackery, of learning to tack on certain prescriptions to certain diseases, but the study of individual cases and of the right treatment of each individual patient. Druggists were very ready to pave the way for medical men to become quacks. Catalogues of diseases were sometimes made out by these men with the preparations sold by them for each in a corresponding column. The whole interest of the treatment of disease disappeared when any such ready-made cut-and-dried method was resorted to.

The position of the Medical Profession was another point on which he spoke. He had recently read in a newspaper a letter from an ignoramus—a person of a class that was very often writing to the papers—complaining of the place given to medical witnesses in trials turning on medico-legal evidence. Doctors, it was said, were of all men those who knew least of their profession. This, Dr. Wilks maintained, was a preposterous injustice, and it became every one present at all times to maintain the position of the Profession; he was convinced that as much hard work and as much progress was made by medical men as by any body of men working in any other field. The field in which medical men worked was by far the widest in which it was possible to work, and this made the advances seem comparatively insignificant. Astronomy might take the popular fancy more; but what was there in Astronomy? It was all discovered when Newton discovered the laws of motion. An American workman, who had made a fortune, had thought that the highest and greatest end he could serve was to leave his money for the construction of the biggest telescope ever made. The idea of being able to explore space to the depth of millions of miles gave a false grandeur to Astronomy which it did not really deserve. The Electric Telegraph was another discovery that had caught the popular imagination; but the communication of impressions of Sensation, by which judgments could be formed of the qualities of bodies about us, was infinitely more wonderful than the transmission of electricity along wires or the exploration of the heavens through a telescope. And it was this and similar phenomena that Physiology could teach us about. Physiology had been set by John Stuart Mill higher than any science excepting only Sociology; and Sociology was not cutting a very good figure just at present in Ireland. The work, therefore, for which they were preparing was not only interesting but of the very highest order.

Before he sat down, Dr. Wilks referred to the death of Mr. Cock, which had recently taken place. The Physical Society had lost in Mr. Cock an old and faithful friend. It was Mr. Cock in fact who had instituted the Pupils' Physical Society, when the older Physical Society ceased to exist, to which all the leading men of the Profession in London used to come. Mr. Cock had not only brought the present Society into the world, but had attended it in its after life as its dry nurse for years. He had presided at the first and last meetings every year, till finally he had been obliged to retire, and he (Dr. Wilks) had taken his place. Mr. Cock was a man not only of enormous surgical experience, but as

genial, generous and kindly as there ever had been.

Finally, Dr. Wilks produced an advance copy of a book in which he said the Society would probably take an interest; it was the History of Guy's Hospital, of which notices have lately appeared in the Gazette. It had been promised for the beginning of this Session, but in order to include some illustrations from photographs by Mr. P. Hacquoil, the publication has been postponed for a week or two.

Dr. Wilks then called upon Mr. Maylard to read his Paper on "How to remain a Student through Life"; the first part of which we have printed in another column.

When the reader of the Paper had sat down, and the applause that followed had subsided, Mr. A. T. Rake rose to move a vote of thanks to him for the trouble he had taken. He said it was obvious, after the reception that had just been given to the Paper, that his motion was unnecessary. But he wished to say that he had himself been disappointed that Mr. Maylard had not more clearly pointed out what was the more common practice of men in the Profession. Instead of remaining students through life, they made indecent haste, as soon as qualified, to become tradesmen. It was of course with most men a matter of pounds, shillings and pence; but at the same time, as Mr. Maylard had pointed out, it was possible to take an intelligent interest in one's work none the less. But he knew of one instance at least of a practitioner who was nothing but a common tradesman. He had a prescription which, when in doubt, he always fired off; it contained gentian for the stomach, acetate of ammonia for the kidneys, and colocynth for the bowels; one of these, he would say, must hit the mark. His case book, instead of containing detailed notes of the symptoms and history of cases, was filled with nothing but notes of change of address of patients who were in his debt; or that So-and-so was moving his furniture, and that inquiry must be made as to his movements.

Mr. C. E. Salter seconded the vote of thanks, which was carried by acclamation, and acknowledged by Mr. Maylard in a short speech.

Mr. T. R. Taylor then rose to move a vote of thanks to the Treasurer and Governors of the Hospital for their presence that night and the interest they always took in the doings of the Physical Society. Dr. Wilks had said there was no disease that had symptoms that were absolutely pathognomonic. There was a symptom that was absolutely pathognomonic of a Guy's man, and that was *esprit de corps*. One manifestation of this was the constant presence of the Treasurer at the first and last meetings of the Society every year; and another, the reception given him by the Society on these occasions.

Mr. J. B. Leathes seconded this vote of thanks, and it was carried with applause.

The Treasurer rose to thank the Society for their welcome; he said, the Physical Society now celebrated their first meeting not only by a special paper and special gathering, but by a dinner. It had been said that the dinner was at an early hour; but sixty years ago it would not have been thought early. Physicians and lawyers dined in the afternoon, and retired afterwards to their consulting rooms, to carry on their business into the evening. He told a story of Mrs. Bailey being seen, in the house which Dr. Pavy was afterwards to live in, coming down after dinner into her husband's consulting room, and receiving, in a specially large white apron that she wore for the purpose, the guineas which he had received during the day. He hoped that all present would have both wife and guineas before long, and told newcomers that the surest way to secure both was to join the Physical Society.

Mr. Meadows-Turner then rose to propose a vote of thanks to Dr. Wilks. The name of

Dr. Wilks was not the least of those of which Guy's was proud. And the interest which he took in the Physical Society was an honour to that Society which they were always ready to show their appreciation of by their applause. Dr. Wilks had said that Mr. Maylard had not merely told the Society how to remain students through life, but had set them an example which they might all imitate. Mr. Meadows-Turner thought that Dr. Wilks had also set them an example in this way. He had now retired from active life at the Hospital, but was often to be seen in the Post-mortem Room, still, as he had always been in his most busy and active years, a student, and a model for students.

Mr. T. D. Lister seconded the vote of thanks, and the motion was received with cheers.

Dr. Wilks briefly thanked the Society for their greeting, and hoped that it might flourish for many years to come.

The meeting was then declared at an end.

Mr. MAYLARD'S PAPER.

Mr. Chairman and Gentlemen,

Eleven years ago to-day, on the 3rd of Oct., 1881, I left my old Alma Mater. They were troublous times in those days. There were fightings within and fightings without; poverty was supplanting wealth; the numbers of her students were rapidly sinking. But yet darker days were in store when some of the flower of her Staff was to be cut off. Such, gentlemen, was the dark cloud that hung heavily over our cherished School in those now happily bygone days. And although my presence here to-day, for the first time since then, must awaken in the memories of some recollections so full of sorrow and anxiety, there will be those here who know nothing of what I refer to. For their sakes, and all our sakes, I gladly leave any further reference to that gloomy retrospect, and I must only crave your pardon for alluding to a matter which has so lastingly been impressed on my own mind, and which, on this occasion, you will allow must naturally be so vividly re-awakened.

To the Presidents of this Society I owe a debt of gratitude, more perhaps than I can adequately express. The honour they have done me in asking me to give the opening address this evening, tendered as the request was in the most seductive and flattering terms by their Honorary Secretary, is indeed an honour which any old Guy's man would have just reason to feel proud of. To be here once again to-night, amidst many old friends and teachers, in the heart—for may I not speak of this worthy old Society as the heart—of my old School, with all those gloomy feelings and forebodings of eleven years ago blotted out by the pleasantness of the circumstances which surround me, and the prosperity and success which now encircles my Alma Mater, and above all, to be in the presence again of one so loved, and so revered by every old Guy's man, as your honoured President, is to me, personally, a pleasure for which, gentlemen, believe me, I cannot sufficiently thank you.

If, then, my feelings were so pleasurably aroused by the receipt of your kind invitation last March, I must confess that they had soon to give way to the more unpleasant sensations of impending difficulties. One forgot for the moment that an acceptance involved an obligation, and that in appearing before your Society, I had to make some adequate return for the honour you had done me. My difficulties were not lessened by the intimation from your esteemed Honorary Secretary, Mr. Dunn, that the meeting to-night would likely comprise many old as well as new Guy's men. I suppose, gentlemen, I must class myself amongst old Guy's men, though it seems but the other day that I was a worker here. I think I should more fitly come under the division—if such a division existed—of "young old Guy's men." However, whether "old" or "young old," my

difficulties arise out of the natural diffidence which I feel in attempting to address my seniors, amongst whom are some of my teachers; and out of the still more complex position of interesting, alike and at the same time, those who are my seniors, and those who are my juniors, in years and experience.

However, old memories tell me that I have nothing to fear in the kindly indulgence which will be extended towards me by the former; and the latter will bear with me when I remind them that their time, too, may come, when a like honour will bring them similar difficulties.

I have selected for the subject of my remarks this evening, "How to remain a Student throughout life." I confess that after I had somewhat hurriedly selected it and sent it to Mr. Dunn, some rather amusing reflection, passed through my mind. I could recall the fact, that the meetings held here were always announced by billet in the Colonnade; that certain students would read it, and that some anxious only to get through their examination, get out of the Hospital and get into practice, would fail to see what interest such a subject could have for them. Again, I pictured a seventh, eighth, or ninth years' student, one of those chronics, as we used to term them, silently reflecting on his own experience, and feeling that rather than wanting to know how to remain a student for life, he would be better pleased to hear how he could escape as soon as possible from an existence which already was becoming unpleasantly prolonged.

Whether there may have been some such who have thus misconstrued or mistaken my meaning, I know not. At most it can only have been a very few who failed to interpret aright the real intent of my subject; and only to those few would it be necessary to prove as a preliminary that it *is* good to remain a student throughout life, before proceeding to demonstrate *how* to remain one.

It is hardly right, I suppose, to state that one profession more than another requires a more constant and a more continuous study to insure advance, both as regards the profession itself and the student of it. Yet it would almost seem that from the various and innumerable agencies at work, both natural and artificial, our own lays claim, at least to equality, with the most exacting of any. How frequently has advance in our own profession to be made, not only by the discovery of new facts, but by, perhaps, the still more difficult discovery that certain supposed facts, with all their superimposed and misleading laws and theories, are no facts at all. Again, we speak of our profession as a science, and we seek often to found general laws, sometimes rightly, but how frequently wrongly. Our object of observation and study is Man, the most complex and inconstant of God's creation. Neither in form nor function are two human beings precisely similar; nor will they be affected by the same agencies acting on mind or body with exactly the same result. How easy, therefore, it becomes to generalize towards falseness, how difficult to generalize towards truth. Is it not, perhaps, one of the commonest errors into which we fall, to assume, for instance, that what proves suitable or successful in one or two individual cases will effect a like result in all others? Success in one case is a correct enough basis to start upon for further enquiry, but not sufficient to found a general principle or law. Again, dealing with this perpetually varying organism of ours, which within the greater part, if not often within the whole period of its existence, has a constant inherent tendency to return to a certain normal standard, are we not apt to assume that measures adopted by us effect results which in reality are not due to our artificial agencies, but to Nature's own work? Again, even supposing we are correct in our conclusions regarding cause and effect, that the result obtained is the

real outcome of the measure employed, we may equally, though not so seriously err regarding our interpretation of the channels through which the effect is produced.

These then are some among the numerous pitfalls which surround us; which we ourselves may fall into, and into which, still worse, we may lead others. These are the so-called "discoveries" which hinder advance, which, indeed, carry us backwards; and it is not until we have re-discovered their falseness that we are again in a position to go on.

How then do we, as life-long students, contend with these various difficulties? Or in other words, what is our attitude in respect to them? May it not be summed up in these simple words—a constant and earnest enquiry after truth. Assume such to be our attitude, shall we be ready to make assertions which we honestly feel have not yet stood the tests of a sufficiently extended experience? Shall we as thoughtful men be ready to adopt every nostrum that is put under our nose: every treatment we read about, without being first fully satisfied as to the veracity of the statements made or the merits of the claims advanced? The temptations which surround us indeed are many. You will not be long in practice before Messrs. Bottle, Box & Co. will send you pills, potions, and powders by the dozen. They will be most temptingly got up, of various colours, of the most palatable description. Whatever else they may contain, you may at least be sure of sugar in some form. If not panaceas for all complaints, they at least will be perfect cures for special ones; you will probably find a few testimonials from gentlemen you have never heard of before. Beware! They are little more than commercial speculations, to gull the profession, for the profession to gull the public, for the public to put money into the pockets of the company. But, gentlemen, I am not a physician, and possibly I have been too hard on many of these elegant preparations which may indeed have their worth, and convey credit rather than the reverse to many of the companies who produce them. I am only inculcating a principle, a principle of enquiry, and casting no sweeping judgment of condemnation on every pretty preparation that may find its unbidden way into your hands.

The subject of drugs and their therapeutical action must ever be a fruitful source of study for the life-long student; and so long as he looks at it from the point of view of a true student nothing but advance must ensue. It is a fruitful field for empirical investigation, and so can be practised by all; but here, as indicated by Dr. Broadbent in his admirable address on "Therapeutics as an Applied Science," the more it is carried from the regions of empiricism into those of rationalism and experiment the greater will be the advance. It does not fall to the lot of every student-practitioner to discover a new drug, or to find a successful application for an old one, but he can, and indeed should, be on the alert to learn from others who are in a position to effect either of these ends.

But I gladly turn aside from this which may justly be termed the negative side of advance—the detection of errors, or of false discoveries—to the positive aspect, involving in every new discovery an advance in, or a real addition to, our existing knowledge. To express the same sentiment in simpler terms, to improve on what has gone before. Now, herein lies what seems to me the very essence of my subject, that constant endeavour to do better than we have already done; never to rest satisfied that nothing better can be accomplished. I trust it will not be understood that in this latter statement I am inculcating any principle of meddlesome interference, that sort of restlessness which consists in constantly trying something new. The tentative measures that are

alone justifiable are those that can only be adopted with some just reason to show for their adoption. It is true accident will often reveal to us some truth which no direct endeavour on our part has been the means of eliciting, but that is no excuse for, nor justification of, our blindly attempting anything without some just reason to show for our doing so.

But what now practically is our attitude as students, or student-practitioners, in relation to this positive side of advance as I have ventured to term it? Is it not that of constant enquiry? It has always seemed to me that one of the best faculties possessed by a student was the faculty of enquiry, or, in other words, an enquiring student was—in the sense of ability—a good student; and by a good student I do not mean necessarily a brilliant one, or one that would with any certainty pass his examination with exceptional distinction; but one, who, in after-life, would make his mark.

I remember it being said of the late Dr. Walter Moxon, that when he was a student going round the wards, Dr. Addison asked who that young man was that was constantly asking questions. I can recall, too, an amusing incident in the earlier career of an existing member of the Guy's Staff, with whom I had the pleasure to be a fellow student. We were going round the wards—it was "Clinical" I remember—when we came to the bedside of a patient suffering from, I think, a dilated or pulsatile abdominal aorta. A drug—I really forget what it was—was administered with the object of rather increasing the condition, so as to possibly verify the diagnosis. My fellow student, bent on knowing the truth, while only suspicious of the true motive of its employment, most innocently enquired over the patient, "Are you trying this, Sir, as an experiment?" The discomforture of the Physician was complete, and not a little added to by the general twitter which went round the bed, for the innocency of the remark was as obvious as the colour of the Physician's face.

If then I am right in assuming that the faculty of enquiry is a good possession in a student, and constitutes a good student, then indeed are we, so long as we cultivate and make use of that faculty, students throughout our lives.

Now, if you will allow me, I will ask you to approach this subject in as practical a way as it is possible; that is to say, we will travel in our mind's eye to the bedside of a patient. Let us assume the case is one of a typical chronic ulcer of the leg due to varicose veins—a class of case so common that nearly all here will be familiar with it; and let us further approach it with that spirit of enquiry which is going to question the whys and the wherefores for the cause and treatment of the complaint. The case is so simple and its pathology so clear that no difficulty need exist in answering most of the questions. The most striking feature we observe is the so-called sluggish appearance which the ulcer presents. It is in technical terms a "callous ulcer," with little or no signs of healing about it. The first suggestion then which naturally presents itself to the minds of all is the need of stimulation—the ulcer wants stimulating, we say. How is it to be done? Now commence our queries. Someone suggests a stimulating ointment or lotion, another a blister, a third scarification of the indurated edges, and various other strictly local measures are proposed. Then asks the enquiring student, How do such agencies stimulate the part? Someone replies that it will cause the granulations to become more vascular. But, asks the enquiring student again, How can the blood get to the granulations when the whole surrounding skin and tissue is passively engorged with venous blood? The patient has varicose veins, the parts below are, as a result, thickened and enlarged from a

more or less solid exudation. The veins and vesicles are engorged with blood which remains in an almost stagnant condition. The lymphatics, too, are all choked and compressed by the pressure of the surrounding œdematous tissues. There is little or no circulation taking place in the part; no fresh arterial blood can get to the ulcer. How then, he continues, in the face of these facts concerning the pathology of the condition, can you with any reason apply a stimulant to the surface of ulcer with the idea of getting fresh blood to the part. Surely if the treatment is to be based on the true pathology of the disease and not on its superficial appearances, the primary endeavour is to be made in the direction of removing those obstacles which are preventing the access of fresh arterial blood to the part. You want to unload the engorged veins, to re-open the blocked and compressed channels of the lymphatics, to remove the exudation.

Now does not my enquiring student by thus going to the foundation of the matter present some sort of a reasonable basis upon which to found a treatment? He is, indeed, by his method of enquiry just at one and the same time advancing by that double method of discovery I have already indicated, in which alone we make in our profession true advance. His searching enquiry leads him to prove the fallacy of certain methods of treatment, and to institute others of a more reasonable and effectual character.

Let us, however, proceed a step further in our imaginary case. Some one remarks, But, with all your pathological reasoning about the case, I have seen good results from the application both of ointments and lotions. Then asks the enquiring student, Was the application of the ointment or lotion the sole measure adopted for the treatment of the case? Did you not treat your patient by confining him to bed, or rest in the recumbent position; or, if going about, did you not order him to wear an elastic bandage or some such kind of support to the leg? If so I should claim that you wrongly attribute your success to the application, when it should be ascribed to the mechanical measures you employed to aid in relieving the congested condition of the part.

Now, I think our student, by his searching enquiry, has been enabled to expose another fallacy, one which I have already indicated in an earlier portion of my paper. First proving that there is something wanting in the reasonableness of the treatment itself, he proceeds to expose wherein lies the fallacy in the supposed case of success under its adoption. The pertinent question he asks is, What other means were made use of in conjunction with that which has been supposed to have been the curative one? The correctness of his knowledge as regards the pathology of the disease at once enabled him to detect the true agent; and note especially too, that but for that knowledge, he would have had no better ground for asserting that it was rest and support that had mainly effected the cure, than had the advocate of the local application. It was past enquiries that had given him the knowledge which enabled him to enquire in the present case with so much effect; the possession of that faculty of constant enquiry, which I have already ventured to indicate, as the essential attribute of a true student.

(To be continued.)

APPOINTMENTS.

Elliman, Arthur, C., L.R.C.P. Lond., M.R.C.S., has been appointed House Surgeon to the Kent and Canterbury Hospital, *vice* Prentice, resigned.

Hoskins, E., M.R.C.S., has been re-appointed Medical Officer for the Little Eaton Sanitary District of the Shardlon Union.

Ralph, Hugh, M.R.C.S., L.R.C.P., has been appointed Junior Resident Medical Officer to the Evelina Hospital, *vice* A. H. Cheatle, L.R.C.P. Lond., resigned.

Wacher, Frank, M.R.C.S. Eng., L.S.A., has been re-appointed Medical Officer of Health to the Canterbury Local Board.

Passim.

The Clubs' Union is a complicated organisation, and represents the interests of many men, themselves represented by many Committees.

Now we confess we should like to see the Committees take more interest in the work, and the men in the Committees. There are a number of men about, who seem to think that their duty to the Hospital culminates in going down to Richmond once a year, and shouting themselves hoarse at a Rugby Cup Tie. It is this slackness that prevents the proper management of many of the Clubs and Societies. We have reason to believe that the Members of the College Library Committee are very much to blame in this respect.

We propose, therefore, shortly to publish some notes on the number of meetings void for want of quorum, and statistics of attendance of various Members.

We have every reason to hope that the public spirit which started the ground at Honor Oak Park, will have good cause to be more than satisfied with results as far as they have gone. That portion of the ground which had to be absolutely re-made, of course, must be expected to give a lot of trouble, but the rest looks in capital condition, and one or two of the pitches which Harris worked up at the end of the season were really excellent.

The pavilion grows apace, and promises, if the weather holds good, to be up by Christmas, and ready for use by the beginning of January.

We notice that Dr. Stevenson, like the other Government Official in Mr. Pinero's "Dandy Dick," is getting a nice lot of new friends. For one fine morning last month "Alexandry" drove down the Brixton, and presented him with the diploma of F.O.S., on behalf of the "Eminent," and in the interests of "Ally Sloper's Half-Holiday."

Both the Rugby and Association Football Trial Matches have been played, but we received the accounts too late to publish them. Of the "Socker" little can be said at present, but we know that most of the old team will be up, except Lowe, who will be sadly missed; but Sharp is playing again, which we are all glad to see.

The nigger men found a real good half in Trouncer, and at least two good forwards in Hort and Grellen. Pike has come on a lot. Another Rygate showed some of the family characteristics.

Everybody was pleased with the ground, for the weather previous to the match had been very bad, and it was only wet in one small corner.

The following gentlemen have been appointed Assistant Demonstrators of Anatomy for the ensuing Winter Session: Mr. H. A. Moffat, Mr. T. M. Thomas; and also Assistant Demonstrator of Physiology, Mr. C. J. Harnett.

THE EXHIBITION OF PHOTOGRAPHS AND OBJECTS OF PATHOLOGICAL INTEREST IN THE READING ROOM.

After Mr. Maylard's interesting paper had been read, the members of the Physical Society and their friends moved to the College, where coffee was served in the Dining Room, and in the Reading Room was an Exhibition of Drawings and Photographs, Cultivations of Bacteria, Microscopical Preparations, and Surgical Instruments, which was visited by a large number of those present at the meeting.

The Exhibition had been prepared by a Special Exhibits Committee, elected by the Presidents of the Society, and thoroughly repaid the pains they had been at to make it interesting and maintain the standard of former years.

Photographs by Mr. H. E. Durham of a case of multiple pigmented papillomata, from Charity, under Mr. Howse; a case of myotonia, from Stephen, under Dr. Pitt; a case of pseudo-hypertrophic muscular paralysis, and one of multiple lipomata were specially noticed. Others, by Mr. P. Hacquoil, of old pictures of the Hospital preserved in the Treasurer's library, as well as several instantaneous photographs of Members of the Staff attracted a good deal of attention. Mr. Hacquoil exhibited a large number of photographs of buildings in various parts of London, as well as some interesting pathological cases, and groups in the Wards that showed great skill. Mr. T. S. Jackson exhibited photographs of rodent ulcer, sarcoma of the breast, sarcoma of the back, and sebaceous cysts of the scrotum; as well as some excellent landscapes, and groups in the Wards. Mr. Peters, Mr. Hinds, and Mr. Hovenden showed good examples of picturesque photography. We understand that these gentlemen are candidates for the vacancies on the Photographic Committee of the Physical Society.

The drawings by the artist of interesting pathological conditions, made a very good show. We should be very glad if permission could be obtained for the publication of reproductions of some of these drawings. With accounts of the cases by the physicians or surgeons under whose care the patients were, a most valuable work might be compiled. Such drawings as these would compare well with those which go so far to make Mr. Jonathan Hutchinson's Illustrations of Clinical Surgery, the most delightful book on surgery ever published in this country. For those who were not able to inspect these drawings we give a list of some of the most interesting of them.

No. 145 Pityriasis Rubra, a case in Mary, under Dr. Pye-Smith.

143 Curious Deformity of the Pinna, Mr. Jacobson's case.

115 Leucoderma, Dr. Pye-Smith's case.

127 Sarcoma of the Neck, Mr. Golding-Bird's case.

133 Destructive Lupus of the Nose in a boy, under Dr. Pye-Smith, in Philip.

138 Lupus of the Nose in a woman of 60, under Mr. Golding-Bird.

(Not numbered) Lupus Verrucosus of the Index and Second Finger, from a case under Mr. Davies-Colley.

140 Myeloid Sarcoma of the First Metatarsal, Mr. Lucas' case.

A large number of microscopes were lent by Swift, of Tottenham Court Road, and by Stanley, of the London Bridge Approach, and various preparations of hydrozoa and bacteria, and some sections exhibited by Mr. Eyre were seen to the very best advantage by this means.

Messrs. Down also showed an exhibition of surgical and obstetric instruments of great interest, which was much appreciated.

A CASE OF SMALL-POX DURING FŒTAL LIFE.

The following case is interesting not only in that it throws some light on the natural history of small-pox, but also in that it is a good example of a phenomenon which is often reported to have occurred in cases of a like nature, but of which definite data are difficult to find. Curschmann states, in Von Ziemssen's Cyclopœdia of Medicine, that although uterine life does not exclude the danger of small-pox infection, yet it may be included among rare occurrences for a child to come into the world ill with small-pox, or with traces of having gone through the disease.

E. L., æt. 32, a multipara, in the fourth month of her pregnancy, who had been vaccinated in infancy, was admitted into the Hospital Ship at Long Reach on May 24th. She had experienced the initial symptoms of headache, backache, shivering and pains in the limbs on May 20th, followed on May 24th by the appearance of an abundant, well-defined, papular eruption characteristically distributed on the face, trunk, limbs, palms, soles and palate, which subsequently developed into a severe attack of confluent small-pox, from which she slowly recovered.

At or about the 19th of June she complained that the movements of the child, hitherto frequent and vigorous, had ceased, and that she always had a cold sensation in the lower part of the abdomen. Examination during the early part of July showed the upper border of the uterus to be on a level with the umbilicus, but neither fœtal heart sounds nor fœtal movements could be distinguished. On July 12th labour pains set in, and on July 13th the patient was delivered of a dead fœtus of about the 6th month.

Scattered over the body of this fœtus, but situated almost exclusively on the back and on the extensor surfaces of the limbs, were from eighteen to twenty white, circular, parchment-like patches, with darkly dotted centres, varying from $\frac{1}{16}$ to $\frac{1}{4}$ of an inch in diameter, and not raised above the surface of the surrounding skin, though a pink coloured encircling halo, which developed after exposure to the air, gave them that appearance.

The lesions thus bore no decided resemblance to either the papular, vesicular, pustular or scar stage of small-pox, but their general distribution closely followed that usually observed in the disease (the face, however, was not affected), and the dotted centre of each patch suggested a previous vesiculation.

No inference could, of course, be drawn as to the probable date of onset of the disease in the fœtus, since its development had taken place under conditions differing essentially from those under which the ordinary small-pox papule runs its course, the one being constantly exposed to the air, while the other is protected from its earliest manifestation. Seeing, however, that the child died during the convalescence of the mother,

on about June 19th (she was probably infected on May 10th or 12th), it may be inferred either that the infant developed the disease at about the appearance of the eruption in the mother (10—14 days after her infection), or that the peculiar influences of uterine life modified the natural course and character of the eruption. If the first alternative be accepted, the case illustrates a fact noted in most of the recorded cases vouched for by Curschmann—viz., that a distinct interval appears to intervene between the appearance of the disease in the mother and its subsequent development in the fœtus, the infection in the latter coinciding with the pustular stage in the former.

Concurrent fœtal disease may, of course, account for the conditions described above, although no history of a specific or other family taint could be obtained from the mother, who had previously given birth to three perfectly healthy children, and who had had no miscarriages.

Dr. Birdwood, by whose courtesy I am enabled to publish these notes, states that this is the first instance in his experience of small-pox, necessarily a large one, in which he has observed an eruption on the fœtus at birth bearing the slightest resemblance to small-pox, though he has often seen the disease develop very shortly after birth. In illustration he quotes the following case:—M. W., æt. 24, had the initial symptoms of small-pox on March 17th, was confined on the 18th, eruption on the 20th. The child was perfectly healthy at birth, and continued so until the 26th, when it also developed the small-pox eruption.

Long Reach, Dartford. W. G. ROGERS.

Hospital News.

IN THE WARDS.

Under Mr. Lucas.

Job 19.—A. D., æt. 13. Patient had typhoid fever eighteen months ago. About a week after this illness began, complained of pain over front of right hip; a little later, pain in right knee, and then in upper one-third of left thigh. He recovered from typhoid, but remained in bed for four months, owing to pain in joints: he then tried to get about, but found the right knee was stiff, and about a month later was put in Thomas' splint; a week later an abscess broke at upper part of left popliteal space, followed by suppuration about the right knee and right hip, leaving several sinuses in these positions, which have been discharging pus and dead bone ever since. On admission, there are sinuses as mentioned; there is also marked thickening of middle-third of left femur. Movement in right knee is limited to flexion through about sixteen degrees, in left knee to flexion through about thirty degrees, the limitation in the latter seeming to be due chiefly to the thickening of femur, and inflammatory changes about it, interfering with muscular contraction. Great trochanter on right side is more prominent than on left; only movement in right hip is a very slight flexion. There is no pain now. No history of phthisis or other tubercular lesion in family.

Job 22.—R. K., æt. 67. Admitted for urgent dyspnœa; for about twelve months has been under treatment for difficulty in swallowing (being unable to swallow anything but liquids for several months past), and says his voice has also been hoarse for same period, but no dyspnœa till about six months ago; since then the difficulty in breathing has increased. Patient is much emaciated; says he occasionally coughed up a little blood. After admission, tracheotomy was performed at once. Patient is comparatively comfortable; able to eat solid food now. Laryngoscope: cord easily visible; left arytænoid seems to project abnormally inwards; external palpation; seems to be some solid mass on the left side of thyroid, and a large gland is felt close to corner of hyoid.

Job 23.—J. J., æt. 48. Admitted for hæmaturia. In June, 1891, patient, while in bed with "gout and sciatica," passed blood per urethram (about ʒ iv); he noticed no more until 15 months later, when after a week of heavy drinking, a small quantity of blood escaped from urethra as he was walking about; this was followed by difficulty in micturition, due to passage of several clots. A catheter No. 9 was passed at that time with ease; and for about six years he has been passing a No. 7 catheter once a week for stricture (had gonorrhœa about 20 years ago); has had no further hæmaturia till about a week ago, when the blood appeared again, with much frequency of micturition (passes water about every half hour). Has been drinking heavily for last fortnight. Urine is quite clear some days. No pain at any time, and no difficulty in micturition, except when passing clots; no pain, no difficulty on defæcation. On admission, urine red with blood; acid; no crystals; no pus; 1015. Mass somewhat hard felt on anterior wall of rectum; thought to be enlarged prostate. ?? Malignant disease of prostate.

Lydia 13.—M. E., æt. 30. Admitted for tumour in left lumbar region. Married; has had four children; family history, nothing of importance; has felt ill since January last, giddy, sick, palpitation. Last April had sudden and intense attack of shooting pain, radiating downwards from left lumbar region; no other sharp pain, but dull ache in left loin, occasionally lasting one day or more, and radiating to breast and leg. Tumour first noticed by doctor last June; has steadily enlarged since; has never shifted position. Never any trouble with urine. On admission, deep-seated tumour, more or less reniform, in left lumbar region; lower border oval, and well defined; dull on percussion (resonant area between tumour and ribs); not movable; felt elastic, but not definitely fluctuating. Urine and temperature normal. There was a history of "shivers" in January, which her doctor thought due to influenza. Pyo- and hydro-nephrosis suggested; also malignant disease; but

no definite diagnosis made. Urine averaged 24 oz. per diem; urea 2·5 per cent. October 4th: left kidney exposed, and found to consist of a beautiful collection of cysts, varying in size from a small pea to a large walnut; the kidney was 7½ inches long; the cysts innumerable; ureter very small; an area about size of a shilling of apparently normal tissue remained. The whole mass was removed; patient doing well.

Under Mr. Lane.

Stephen (private room).—Caroline M., æt. 39. Unmarried; regular; scarlet fever and measles when child. Noticed enlargement of abdomen five weeks ago, but no increase since then: there was shooting pain at the time in lower part of back, and slight nausea, and dull pain afterwards in back when tired. On admission, fluctuating swelling on right side of abdomen from last rib to iliac fossa, and inwards to umbilicus: dulness on percussion. Micturition normal, but more at night (having to get up once or twice) than in day. Urine 1010, acid; no albumen; urea ·7 per cent.; passed 44oz. on 24th, 74oz. on 25th. 26th: Nephrectomy (right kidney); ʒ iv. urine drawn off ten minutes before operation. Pelvis and ureter of kidney found immensely dilated; considerable amount of renal tissue remained; kidney was very large, and seemed to lie somewhat nearer median line than normal; suggested that it might be the only kidney, but its normal shape, and fact that something (? kidney) could be felt in position of left kidney, determined removal. Patient passed no urine during night, but at six a.m. next morning ʒ ij. of bloody urine drawn off. 27th: patient took ʒ xxx. of milk and water; no urine passed. 28th: patient complains of headache; is drowsy; ʒ i. of blood and mucus drawn off, but no urine; slight pain in abdomen; hot air and vapour bath for half-hour, and pilocarpine gr. ⅙; perspired moderately; had whiskey and water ʒ iv. at eleven p.m. 29th: patient says she is more comfortable; ʒ ss. of mucus drawn off, but no urine; not quite so drowsy; no headache; took ʒ xii. of milk and water. 30th: another vapour bath last night; pains in abdomen at times; headache; nausea. Twitchings of face (left side) noticed by nurse at ten a.m. Enema saponis; custard, arrowroot. Temperature has never been above 99·2° since operation; is now 97°, pulse 80, respiration 20. October 1st: at eight p.m. last night patient expressed desire to micturate; catheter passed, ʒ viii. ammoniacal urine drawn off, containing 1 per cent. urea. Another vapour bath. Slight twitchings of head and left arm; caffeinæ cit gr. v., spir. aeth. nit. ʒ i., decoct. scoparii ʒ j., 6ts. horis. 2nd: patient vomited this evening for the first time (? due to caffeine, therefore mist. pot. acetat. instead); temperature 97°, pulse 114, respiration 22. 3rd: vomited again this morning; no twitchings; vapour bath regularly; drowsy and stupid; ʒ viii. of urine drawn off. 4th: worse; decided twitchings of eyebrow and lips, most marked when asleep; vomiting continues; pilocarpine gr. ⅛ caused some sweating last night; passed urine ʒ vi; there has been pus in urine last two days; bowels regular; pupils slightly dilated; expiration very pronounced. At 2 p.m., pulse very bad; pilocarpine gr. ⅓ vapour bath ordered; ten minutes later patient became convulsed and died. Post-mortem, the left kidney was very small (three inches long) and flabby to the touch; it consisted of a "mere shell of fibrous tissue," prob. = hydronephrosis in early life; the left renal artery not larger than would admit stocking-needle; ureter normal size. In position of right kidney was a mass of cellular tissue infiltrated with blood, through which the right ureter could be traced, if anything smaller than usual. Right renal artery normal size. No cause of hydronephrosis on either side.

Under Mr. Howse.

Naaman 4.—The tongue was excised by Whitehead's method, and proved to be epitheliomatous.

Naaman 14.—Swollen testicle; thickened cord. Sudden onset with vomiting, which has ceased now. Great local pain. Proved to be gangrene of testicle and cord, due to twisting of cord and absence of mesorchium.

Naaman 19.—Pain in left loin. Epithelioma in neck removed three years ago. Three months ago present symptoms began. Slight fulness of left loin. Direct percussion over splenic area gives rise to pain. Great wasting. Appetite bad. Temperature normal. Urine, sp. gr. 1004—1010, acid. Albuminuria, pus and blood-cells visible under microscope; quantity averages 1½ pints daily; colour straw, with slight deposit.

Charity 7.—Congenital deformity of lower extremities. Very remarkable.

Cases illustrating Mr. Howse's Clinical Lectures:—Naaman 6, 10; Charity 19 and 16.

Clinical.

John 16.—M. 40. Came in with severe dyspnœa. Air entered the lungs well. Nothing seen in the larynx. Twitchings developed the day after admission. He became more and more comatose, and died on the third day. A lump had been felt of hard nodular surface in left loin. Post-mortem.—Cystic disease (probably congenital) of both kidneys was found, accounting for the uræmic dyspnœa.

Miriam 27.—F. 24. This case had been in since August 4th. She had been under Dr. Wooldridge in 1888, when the diagnosis of aortic regurgitation, mitral regurgitation, &c., ? mitral stenosis, was made. At out-patients, mitral stenosis was diagnosed before. There is a history of being blue ever since she can remember, but not as blue as on admission. There is no history of rheumatism, but there is of "growing pains" as a child. On admission, there was considerable dyspnœa, with rapid irregular pulse, and some œdema of feet. A pre-systolic and a systolic apical murmur was heard, and a thrill felt. She improved by rest to a certain extent at first. Of digitalis and strophanthus, the former induced sickness, and both gave rise to abortive heart beats. Liq. trinitrinæ relieves paroxysmal attacks of dyspnœa to some extent. Venæsection to ʒiv was once resorted to, though with the blueness and large liver, there was no enlargement of veins or pulsation of liver. This did not

relieve at all markedly. Stramonium and ether were tried. Amyl nitrite relieved very bad attacks. She died with gradual heart failure. Post-mortem.—The left auricle was not hypertrophied; the mitral orifice 3¾ ins. admitted three fingers, and was very slightly thickened. The left ventricle was not hypertrophied. The right side was, however, markedly hypertrophied and dilated, and there was atheroma of the branches of the pulmonary artery. The lungs were compressed at the base by some fluid, and œdematous elsewhere; but there was no evidence of chronic lung mischief. The other organs presented the usual signs of heart disease, but were otherwise normal. The cause of the condition of the heart is not obvious.

Of a series of cases of typhoid, some had diarrhœa, more constipation. In one case, that of a boy of 14, when the temperature was thought to be coming down, it rose again, with very high evening temperature (necessitating sponging, and once a bath) and low falls. It is probable that a relapse began before the first attack was over.

Miriam 21.—F., 6. The child had been in for some weeks with signs of consolidation at right apex. Later there developed some right-sided paresis (slight) with exaggerated knee-jerk and ankle clonus on that side: still later, signs of tuberculous meningitis. Post-mortem.—There was found localized broncho-pneumonia of tuberculous origin, only just beginning to break down. There was very well marked tuberculous meningitis, and a tuberculous mass in the left cerebrum, whence the meningitis had probably arisen. Tubercle in other organs was not found. Pus coming out of the mouth shortly before death may have arisen from the broncho-pneumonia beginning to break down; but this pus, together with the few moist sounds heard, led during life to the bare suspicion of empyema.

John 7.—J. W., 59. Was seen in the surgery on October 1st. He complained that ten days ago his abdomen began to swell, his legs had been slightly swollen for the last month, but that they had swollen very much lately. He had been a soldier eleven years in India. He had been a heavy drinker, and lately had been drunk two or three times a week. On examination, there was ascites; his legs were very tense and swollen; no albumen in his urine; no evidence of heart disease; his face and conjunctivæ were slightly jaundiced. On the evening of his admission he was very restless, and his abdomen so tense that paracentesis was performed. This did not give much relief, and the patient became comatose. The next day coma was more pronounced, and he passed his urine and fæces under him. In the evening his abdomen was very tense and tympanitic, and the suspicion of a rub was heard in the hepatic region. October 3rd. Coma deepened and jaundice more pronounced; breathing became stertorous, and the patient died. At post-mortem a very large liver, weighing 109 ozs., was found with extensive fatty and cirrhotic changes. The kidney and other viscera were healthy. The interest of this case lies in the short history, of only fourteen days between the commencement of ascites and death, showing that in cirrhotic cases the condition is always a grave one, and a definite prognosis cannot be made; and that although changes may have been going on in the liver for some time past, yet ascites may come on quite suddenly, which may be followed by cholæmia and death. The other point of interest lies in the fact that the patient had an immense liver which caused ascites and very little jaundice; that it is not only the small cirrhotic liver that causes ascites and very little jaundice.

John 15.—Cerebral hæmorrhage. R. H., 57, Commercial Traveller. Admitted 1.30 p.m. on 4th instant. Stooping in street, suddenly felt faint, lost power on left side and fell. Brought to Hospital in semi-conscious condition—paralysis of left side of face, arm and leg. Knee-jerks present; pain reflex present; planter reflex absent on left side; stertorous respiration. Rallied a little up to 7 p.m., then vomited and lapsed into coma. Pin-point pupils; loss of conjunctival reflex; loud stertor. Has remained so up to present time.

APPOINTMENT LIST.

HOUSE APPOINTMENTS.

Commencing October 1st, 1892.

House Physicians.—F. C. Young, M.B., B.C. Cantab., to Dr. Pye-Smith; J. W. F. Jewell, M.B. Lond., to Dr. Hale White.

House Surgeons.—A. H. Godson, M.B., B.C. Cantab., to Mr. Howse; W. Carling, M.B., B.C. Cantab., to Mr. Davies-Colley.

Assistant House Physicians.—E. E. B. Landon, M.R.C.S., L.R.C.P.; J. D. Thomas, M.B., B.C. Cantab.

Assistant House Surgeons.—G. T. S. Sichel, M.R.C.S., L.R.C.P.; A. W. Sheen, M.B. Lond.

The following appointments have been recommended by the Medical Council and approved by the Treasurer:—

Obstetric Residents.—Messrs. W. H. Fisher (October); R. L. Wason (November); T. B. P. Davies (December).

Clinical Assistants.—Messrs. A. H. Card, G. T. Birdwood, H. Cooper, W. J. Johnson, R. H. Luce, J. A. Howard.

Dressers in the Eye Wards.—Messrs. G. F. Still, E. W. Wheatcroft (November) (Mr. Higgens); T. S. Jackson, J. H. Joyce (November) (Mr. Brailey); J. W. H. Eyre, S. C. Cresswell (January) (Mr. Higgens); T. I. Mills, H. D. Eccles (January) (Mr. Brailey).

Surgeons' Dressers.—Messrs. S. Infield, A. H. Trevor, E. E. S. Silver, J. G. B. Coleman, J. J. Culmer, A. G. Cooley (Mr. Durham); G. Jimenez, E. Ransome, W. R. Grove, N. Instone, C. M. Greenway, G. H. Steele (Mr. Howse); C. F. Wakefield, C. E. Cooper, A. B. Creak, V. Pendred, A. J. Collis, C. Harding (Mr. Davies-Colley), J. B. Leathes, G. Lawrence, H. A. Munro, E. E. W. Roe, P. McK. C. Wilmot, A. P. Allan (Mr. Clement Lucas).

Assistant Surgeons' Dressers.—Messrs. H. W. Graham, J. H. Busteed, F. S. Brereton, A. E. Philipps, H. Pern, F. H. L. Cloud (Mr. Golding-Bird); H. Davies, J. W. Culmer, A. Chaning-Pearce, C. R. Lucas, T. H. Green, S Copley (Mr. Jacobson); T. S. Biggs, B. G. Reynolds, H. W. Beach, R. H. Moon, H. E. Cock, L. Bensted (Mr. Symonds); J. H. Bettington, W. F. Miller, H. M. Stewart, J. C. Constable, E. S. Roberts, A. C. Fry (Mr. Lane).

Medical Ward Clerks.—Messrs. H. G. T. Major, G. S. Hovenden, A. H. Leete, G. E. Manning, A. C. Hovenden, R. H. Fagge, T. M. Nicholson, J. R. Steinhaeuser, A. P. Rainbird, L. A. Parry, W. C. Lawton, E. F. H. Hardenberg, L. E. V. Every-Clayton, A. K. Matthews, H. Hewetson, F. Zumbado, W. H. Peake, C. R. Colley, H. T. Hinton, A. Miller, E. A. Peters, W. C. Pitt, F. A. Evison, S. S. Wallis, W. D. Macdonald, S. G. Graham, J. W. Sweetlove, C. E. Carpmael, C. A. Ensor, C. L. Hopkins, T. P. King, E. C. Taylor.

Assistant Physicians' Clerks.—Messrs. C. W. Moorshead, J. C. V. Wilkins, W. W. Henson, C. S. Bond (Dr. Pitt); L. C. Burrell, C. C. Jenkins (Dr. Perry); F. Cowan, A. J. Mathison, W. J. Burroughs, W. E. Pain (Dr. Shaw); R. D. Evans, T. Burrow, E. H. Drake, R. H. Fagge (Dr. Washbourn).

Aural Surgeon's Dressers.—Messrs. H. B. Bolus, A. Allport (November and December).

Dental Surgeon's Dressers.—Messrs. G. S. Hovenden (October and November); W. Poole (November and December); C. E. Cooper (December and January).

Dressers in the Throat Department.—Messrs. C. C. Elliott, W. Bligh, F. P. S. Cresswell, E. T. E. Hamilton.

Post-Mortem Clerks.—Messrs. W. C. C. Park, W. S. Frith (October and November); J. W. Taylor, J. H. Godson (November and December); T. D. Manning (December and January).

Obstetric Ward Clerks.—Messrs. A. Shillitoe, W. Poole, E. S. Dukes.

Obstetric Out-Patients' Clerks.—Messrs. H. P. Barker, A. R. Hitchfield, T. H. B. Yorath (first half); E. Huntley, J. B. Winter, F. Hazell (second half).

Surgical Ward Clerks.—Messrs. W. A. L. Smith, A. V. Clarke, H. W. Collier, C. H. Bryant, W. G. Mumford, J. J. Coleman, E. C. B. Ibotson, H. Nolan, A. Armer, J. H. Horton, F. J. Steward, A. Salter, W. S. Handley, M. P. Jones, C. M. Beadnell, W. A. Carden, C. J. Kearney, E. E. Henderson, F. Loud, H. D. Packer, W. E. Robinson, W. L. B. Davies, W. F. Byford, B. W. M. A. Key.

Assistant Surgeons' Clerks.—Messrs. R. H. Hayes, S. Rivers (Mr. Golding-Bird); P. E. Tresidder, M. E. Tresidder (Mr. Jacobson); D. W. Thomas, J. Hora (Mr. Symonds); L. H. Y. Stephen, J. G. O. Lane (Mr. Lane).

Clerks in the Electrical Department.—Messrs. G. H. Field (October and November): S. G. Floyd (November and December); E. A. Peters (December and January).

Clerks to the Anæsthetists.—Messrs. A. H. Card, P. McK. C. Wilmot, T. D. Lister, J. W. H. Eyre, F. J. Coleman, C. R. Colley, C. G. F. Morice, H. C. Sharp.

Sport.

CRICKET NOTES.

As will be seen by a glance at the averages below, and by the presence of the Cup in the Smoking Room, we have just gone through another very successful season. It will be remarked that the average of each man in the team runs into double figures, and that we can count no less than 13 victories out of 21 matches played, a very satisfactory result when the strength of our fixtures is taken into consideration. On tour, the team played 7 matches, 3 of which were won, 3 drawn, and 1 lost; so that we have no need to amalgamate with St. Thomas's to show the Welshmen how to play cricket. Below are the averages for the season:—

BATTING AVERAGES, CUP TEAM, 1892.

Matches played, 21. Won, 13; lost, 5; drawn, 3.

	No. of Innings.	Not out.	Runs.	Most in Innings.	Average.
C. J. Francis	24	2	628	106	28·56
W. J. Hancock	19	3	454	104*	28·37
E. Reid	24	1	623	100	27·08
J. H. Bettington	24	3	487	100*	23·19
E. T. Shorland	20	2	388	58	21·5
R. B. Stamford	23	2	399	53	19
H. T. Hicks	13	0	227	54	17·45
S. G. Layman	13	3	174	50	17·14
J. H. Joyce	16	1	256	63	17·06
R. T. Fitzhugh	6	2	49	21*	12·15
M. P. Jones	11	1	114	23*	11·4

* Not out.

BOWLING AVERAGES.

	Wickets.	Runs.	Average.
W. J. Hancock	47	418	8·89
J. H. Bettington	103	1269	12·32
J. H. Joyce	71	921	12·97
C. J. Francis	15	243	16·2

ASSOCIATION FOOTBALL.

At a General Meeting of the Football Club, held on July 11th, Mr. Davies-Colley having been re-elected as President of the Club, the following officers were elected for the ensuing season, to manage the Association Club: Captain, H. Hewetson; Hon. Sec. and Treasurer, P. R. Lowe; Committee, R. S. Fitz-Hugh, H. D. Packer, W. Poole, V. Pendred, R. B. Stamford. Captain 2nd XI., W. G. Mumford; Vice-Captain, W. H. M. Smith.

It is too early in the season as yet to say much as to the prospects of the Club for this year, but if we may judge by the ready way in which men put their names down for the trial game, there ought to be no lack of players this season. Of last year's cup team, seven or eight will be available, and also H. C. Sharp, who through illness, was not able to appear at all last season. Of the men that we have lost, S. Cotterill has left permanently. P. R. Lowe has gone to Cambridge for the winter, in whom we lose both

our goal-keeper and hon. sec.) but at the time of writing, H. D. Packer has kindly undertaken the duties), and W. H. Fisher, in whom we lose a hard-working forward, so that there is plenty of room for fresh blood. In addition, we shall also have a ground under our own management, which, although for this season it will be slightly under the ordinary dimensions, yet will in every way be an improvement on Raynes Park.

As regards fixtures, a strong card has been arranged for both teams. The first team are meeting amongst old opponents, Eastbourne, Tunbridge Wells, Old Westminsters, Old Brightonians, Casuals, Luton, Marlow and West Herts, and the new clubs, that fixtures have been arranged with, are the London Caledonians, Maidstone, Crouch End, Surbiton Hill and Ealing.

Finally, all that is now wanted is for men to play regularly and do their best to make the season a success.

PAVY GYMNASIUM.

The Pavy Gymnasium is open to all members of the Clubs' Union. Others, who are also members of the Students' Club, may avail themselves of it as a place for exercise, but must pay an annual subscription of five shillings. The "Gym" is open daily for practice, and in the Winter Session an Instructor in Gymnastics attends on Tuesdays, and an Instructor in Boxing on Thursdays between the hours of 4 and 6. Due notice given on the Club Notice Board when instructions will commence—early in October. Our annual Gymnastic and Boxing Competition will take place at the end of the session, and it is hoped that old and new members will attend regularly at least twice a week, that, *if possible*, a greater degree of excellence and keenness may be shewn on the night of the Display. "Freshmen" and others are reminded that no better place than the Gymnasium exists for keeping men in good condition, at the same time it is hoped that better attention will be paid to the carrying out of bye-law 3, in the Gymnasium rules. It is whispered that friendly contests with outside Gymnastic clubs may be indulged in during the coming session, and further classes will, as formerly, be held by Committee-men and others every week. The officers for the ensuing season consist of our President, Dr. Pavy, and Messrs. Bligh, Brereton and Reynolds, Committee, and a Secretary.

H. J. SPON, Hon. Sec.

GUY'S HOSPITAL BICYCLE CLUB.

As by the new regulations the Bicycle Club is open to all members of the Union, the Committee of the Club hope that all men who are cyclists, will communicate with them that their names may be placed on the membership list. Below is appended a list of the runs for October, and it is particularly requested that every cyclist will make it his duty to turn out on October 15th, when the club is going down to Sevenoaks.

The Secretary will be very pleased to give any information as to badges, &c., to intending members.

RUNS FOR OCTOBER—

		Destination.	Meeting Place.	Time.	Dist.
Oct.	1.	Reigate...	Greyhound, Streatham.	3 p.m.	26 m.
„	8.	Hampton Court ...	Streatham Church.	3 „	21 „
„	15.	Sevenoaks	Lee, Lewisham.	3 „	37 „
„	22.	East Grinstead ...	Greyhound, Streatham.	3 „	47 „
„	29.	Leatherhead ...	Balham Stn.	3 „	27 „

A. C. HOVENDEN,
Hon. Sec. *pro. tem.*

GUY'S HOSPITAL RIFLE ASSOCIATION.

The above Association, which was instituted some years ago, was revived last summer on somewhat different lines; and, being incorporated in the United Hospitals' Rifle Association, we sent a team to Bisley this year for the first time for four years. Owing to the team being a scratch one, we were not very successful in matches, but with practice we hope to do better next year. The range used for club competitions is at Ilford, accommodation existing up to 900 yards, and is within easy reach from town, there being several convenient trains from Liverpool Street.

It is proposed, for the benefit of men who do not use a rifle, to hold a series of clay-pigeon shoots during the winter-months, and we hope that all men whose thoughts turn to "villainous saltpetre" will make a point of joining at once.

VOLUNTEER MEDICAL STAFF CORPS.

The recruiting season being again upon us, we would bring before the new men the question of the Volunteers. All men cannot represent the Hospital in the various cricket and football teams, owing to the limited numbers required; but it is in everyone's power to become a Volunteer, and to do his best for his Hospital in the shooting and ambulance teams, and we would urge this point upon all new men for consideration. We are particularly interested in the Volunteer Medical Staff Corps, as its special work is peculiarly appropriate to a medical student. All branches of ambulance drill are taught, in addition to the ordinary company and battalion drill, and lectures are given by the officers during the winter months. Three camps are held during the year, and afford a pleasant change to the hard-worked man in the dissecting-room or wards. These, and all uniform parades, except the inspection, are entirely optional, but a holiday under canvas is extremely enjoyable, and is calculated, by being a thorough change, to greatly invigorate the whole system. Though not a rifle corps, there is a shooting club in connection, which affords

men the opportunity of qualifying for a place in the Inter-Hospital Cup Team. Any further information can be obtained from

H. FULHAM-TURNER, Staff-Sergt.

GUY'S HOSPITAL.

The First Entrance Scholarship in Arts, value 100 guineas, has been awarded to Arthur William Nourse, of Guildford.

The Second, of 50 guineas, to Charles J. Thomas, of Aberbeeg.

The First Open Scholarship in Science, of 125 guineas, has been gained by Edmund Ivens Spriggs, of Market Harborough.

The Second, of 50 guineas, by Frank W. Goldie, of Clapham, S.W.

Certificates of Honor have been awarded to Richard T. Fitz-Hugh, of Nottingham, and Hubert John Starling, of Warrington Crescent, W.

ACKNOWLEDGMENTS.

We have received from Messrs. Burroughs & Wellcome, a convenient and mysterious Phial containing tabloids of Blaud's Pill, grs. 4. Besides being convenient—they can be administered to the most fastidious patients without the slightest difficulty—they are likely to make an impression on the superstitious patient, which a pill, alas, has ceased to do. It is fortunate, indeed, for the Medical Profession, that our leading Druggists come to our assistance. The tabloid is a godsend.

We have also received samples of Messrs. Burroughs & Wellcome's tabloid preparations of Ichthyol and of Resorcin.

Hoblyn's Dictionary of Medical Terms (new edition).

Buxton's Anæsthetics (Lewis's Practical Series), containing useful accounts of apparatus, with diagrams, as well as full directions as to administration and after-treatment. Dr. Buxton's book is full of the results of his own experience as administrator of anæsthetics in University College Hospital.

RECENT PUBLICATIONS.

Ardlidge, J. T. The Hygiene, Diseases and Mortality of Occupations. 8vo. Percival, 21/-.

Gouley, J. W. S. Diseases of the Urinary Apparatus. Phlegmatic Affections. Crown 8vo. Rimpton, 7/6.

Jessett, F. B. Cancer of the Mouth, Tongue, and Œsophagus. 8vo. Bailliere, 2/6.

Macnamara, N. C. Asiatic Cholera. 8vo. Macmillan, 2/6.

Martin, J. M. H. Illustrated Ambulance Lectures, 3rd edition, crown 8vo. Churchill, 2/-.

Usher, J. E. Alcoholism and its Treatment. Crown 8vo. Bailliere, 3/6.

OUR ADVERTISEMENT COLUMN.

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TESTIMONIALS.

THE POTMAN of the "Spade and Schooner" writes:—"Since I have used the cannula you supplied I have sometimes been able to quench my thirst. I now use the beer-engine instead of the syringe you supplied, and turn on the Burton and Bitter."

SALINA ANN, aged 2, writes:—"I used your gimcrack affair yesterday, and to-day I had a new dolly given me."

DR. J. Y——, M.B., B.S. Lond., writes:—"I have found your method excellent for hyperchromatismus nasi; this troublesome affection has entirely abated since I commenced your treatment. . . ."

TRANSFUSION!!! TRANSFUSION!! *Transfusion*!

Birth.

MORSE.—On September 5th and 6th, at Upper Street, Norwich, the wife of Thomas H. Morse, F.R.C.S. Eng., of twin boys.

Death.

MULLIS.—On September 19, George William Mullis, of Oak Cottage, Parkstone.

Notice.

All Communications, Articles, Letters, Notices, and Books for Review, should be forwarded, accompanied with the name of the sender, to the Editor, Guy's Hospital Gazette, *Guy's Hospital, S.E.*

The annual subscription to the Gazette *is 6/6, post free 7/6. All financial communications, as well as subscriptions, should be sent to the Financial Editor,* Mr. C. H. Wells, Medical Office, Guy's Hospital.

Any of our Subscribers, who may be desirous of having their numbers of the Gazette *for 1891 bound, should leave them with the Librarian as soon as possible.*

The charge for binding in blue, with the Arms of the Hospital in gold, will be One Shilling *and* Sixpence.

Guy's Hospital Gazette,

OCTOBER 22, 1892.

A CASE OF DIAPHRAGMATIC EMPYÆMA.

BY W. HALE WHITE.

As Dr. Shaw, by his article in the Guy's Hospital Gazette for September 17, 1892, has awakened the interest of its readers about the subject of diaphragmatic pleurisy, the following case may be of value as a sequel to his paper.

The afternoon of the patient's admission he was thought to have pleurisy at the base of the right lung and also a hæmic murmur. There is very little doubt that these suppositions were correct, but as the temperature remained high for simple pleurisy, as this did not improve, and as he had profuse diarrhœa, we were soon inclined to regard the case as perhaps one of typhoid fever complicated with pleurisy; we never however felt at all confident of this diagnosis, because of the negative signs mentioned on May 3rd. It is nevertheless to be remembered that with typhoid fever the patient's attention is often first directed to his illness by the pulmonary complications of the typhoid from which he is suffering. By May 10th he seemed to be getting better, at a date which would correspond with the third week of the typhoid fever. The recurrence of severe fever after this date was regarded as due either to a relapse of the typhoid fever or to the small abscess in his neck.

But, although the fever abated somewhat, it never entirely subsided, and the patient was wasting and becoming anæmic. It was therefore thought that whatever might have been the cause of his pleurisy, he probably had an empyæma following upon it. But the chest was thoroughly explored over the dull area, and no fluid was found. By May 30th we had come to regard the case as one of tuberculosis, but no tubercle bacilli could be discovered. The finding of the retinal hæmorrhages, however, made us finally look upon malignant endocarditis as most likely the correct diagnosis. The patient had the irregular fever and the profound anæmia of that disease. The hæmorrhages in the retina might very well have been due to embolism of the branches of the retinal artery. The systolic murmur was very persistent, the apex of the heart was displaced outwards, and perhaps, after all, these symptoms were not due to his anæmia but to malignant endocarditis, which would also explain the persistent diarrhœa. The autopsy, however, showed that the patient had no endocarditis, and that the diagnosis of empyæma was correct. Whether the illness began as a pleurisy at the base of the right lung, or whether as an abscess between the liver and diaphragm it was impossible to say. If it began as pleurisy, following upon this a small localized empyæma developed, which perforated the diaphragm and travelled down behind the peritoneum as far as the cæcum, through which it ulcerated and into which it opened. If it began as an abscess between the liver and diaphragm, this burst upwards, forming a local empyæma, and also travelled down to the cæcum. The case illustrates how very difficult it often is to find small deeply-seated abscesses in the chest, even if an exploring needle is used. I can call to mind five cases in point. In three an anæsthetic was given, and quite twenty punctures

were made in each case; in one the small abscess was never found till after death, and in the other two it was discovered and evacuated. In the fourth case the pus was, after many punctures, found without an anæsthetic, and in the fifth case the patient ultimately coughed up the pus. In the present case it was seated in about as difficult a place to find as it could be. It is very rare for an empyæma to perforate the diaphragm, in fact inflammation much more frequently spreads from the abdomen to the chest than from the chest to the abdomen.

Wm. A. J., æt. 25.—Admitted into 39 Stephen Ward, 25th April, 1892. Clinical Clerks, Mr. H. W. Beach and Mr. L. Slater. He came in for pain in the right chest. Temperature 98°, pulse 144, respiration 30. He has had a cough every winter for the last few years. On 21st April, he first noticed a pain in the right side, and as it got no better he came to the Hospital.

On admission.—There are no spots on the abdomen nor herpes about the mouth. The tongue is only slightly furred, and the spleen cannot be felt to be enlarged. There is an apical systolic murmur which can be heard very loudly over the pulmonary area. He has a cough. There is dulness over the right base as high as one inch above the angle of the scapula. The movement of the right chest is impaired, and there is diminution of entry of air, of bronchophony and tactile vocal fremitus over the dull area. There is an occasional slight rub over the right base in the axillary line. Deep inspiration causes pain on the right side. The urine is normal.

April 29th. The physical signs are much the same except that the dulness extends one inch higher, and there are a few crepitations over the right lung. There has been profuse diarrhœa since admission. The temperature has been raised, varying between 103° and normal, but it has been very irregular.

May 3rd. The patient's condition is much the same as on April 29th. The diarrhœa is not so profuse, nor is the temperature so high. No Erhlich's reaction is to be obtained from the urine. The spleen is not enlarged. There are one or two doubtful spots on the abdomen, but neither they, nor the tongue, nor the motions, are characteristic of typhoid fever.

10th. The patient has been better the last few days. His temperature has been lower. The diarrhœa has been slight; the dulness at the right base now only reaches to 1½ inches below the scapula. The apex of the heart has been slowly moving outwards, and is now in the nipple line.

15th. Since the last note the temperature has been higher again—on two occasions reaching 104°. The patient has had a small abscess in the neck, which was opened to-day; about half a fluid ounce of pus escaped.

21st. The patient still suffers from irregular fever, which is, however, more moderate. The wound in the neck has healed. The physical signs at the right base remain as before—that is to say, there is dulness up to 1½ inches below the angle of the scapula, with deficient entry of air, diminished bronchophony and impaired tactile vocal fremitus over the dull area. No rub has been heard for some time. Repeated insertion of an exploring needle over the dull area failed to withdraw any fluid.

30th. There is no change in the patient's condition, except that he is becoming weaker and very anæmic. The right base was again explored in two or three places, but no fluid could be found.

June 7th. The patient is weaker and more anæmic. He has diarrhœa at times. A retinal hæmorrhage was found at the edge of the right disc to-day.

17th. Other hæmorrhages have appeared in the retinæ. The physical signs remain the same. The apex of the heart is still outside its

normal position, and the systolic murmur is still present. The irregular fever continues. The patient is profoundly anæmic. His blood only contains 35 per cent. of hæmoglobin, and 36 per cent. of red blood corpuscles. Tubercle bacilli have repeatedly been looked for but never found. He gradually became weaker. His breath on July 17th was very foul, and remained so to the end. Signs of broncho-pneumonia developed, and he gradually sank and died on August 1st, 1892.

Post-mortem examination made by Mr. Meadows-Turner. There was an aperture in the right side of the diaphragm two inches across. Above this was a pus-containing cavity, having for its roof lung tissue and limited laterally by pleural adhesions. Below the aperture in the diaphragm was a pus-containing cavity between the diaphragm and the liver. A narrow sinus led from it behind the peritoneum to the cæcum into which it opened. There was no endocarditis.

MR. MAYLARD'S PAPER.

(Concluded.)

But, for the last time, to return to our bedside and view the case under the light we have now thrown upon it. We are discussing the treatment. Will it satisfy our enquiring student if somebody now suggests no longer a local application of any kind, but some simple mechanical measure, as massage, rubbing, kneading, and pressing both the ulcer and all the surrounding parts? If his description of the cause of the ulcer be correct—and we will assume it to be so—then, surely he can take no exception to measures which strive at pressing upwards the blood out of the engorged veins, the lymph from the plugged lymphatics, and the œdema out of the tissues. These are the very claims he put forth as necessary to be fulfilled before fresh arterial blood could gain admission to the part—the one thing alone needed to make the ulcer heal. The treatment must satisfy him, because it at least attempts to fulfil those requisites which his correct pathology of the case demanded.

I must not prolong further the discussion of this case. There are many other questions which our enquirer might ask—to wit, what should be done with the varicose veins, the real *fons et origo* of the mischief; and criticisms following on the various means, operative and conservative, employed; but I have troubled you at sufficient length.

Pardon me, gentlemen, if by thus wishing to illustrate a principle, I have taken the opportunity at the same time to inculcate a practice which, however scientific, is not, perhaps, an admittedly classical one. But, believe me, whatever I may say, I do so with the greatest possible deference to those Surgeons present whose opinions and criticisms I should so deeply appreciate, but the expression of which I so much regret the present occasion does not apparently permit. My only claim on their attention, and excuse for venturing in their presence to make statements of a purely surgical character, which have to remain unattacked, rests upon the fact that since my student days here, I have been exclusively a humble student and practitioner of surgery.

In the case, then, which I have just selected and utilized for the purpose of illustrating the value of constant enquiry, we have, perhaps, one of the simplest that could well be chosen. It was practicably possible to reply to every question and it was possible also for me to state from experience, that the treatment finally advocated and apparently based on the most reasonable grounds, had been, in my own hands, exceptionally successful.

But to leave this simple case and look abroad into the general domain of medicine and surgery, what an unlimited field now lies before every

student who enters our profession! Every new discovery, instead of lessening the need for further enquiry, only tends to widen still further the field for it. Take as an example the discovery of antiseptic surgery, and the theory upon which it is based. Fifteen years ago, here, in our own Hospital, but few surgeons were adapting the principle and carrying it into anything like rigid practice; and as for bacteriology, one hardly heard of it. Yet into a science of what limitless extent has this latter now developed; and just in proportion as it has grown, with its roots and branches has it encircled itself with questions without number. You have only to read the discussion which took place last May, at the Pathological Society of London, on phagocytosis and immunity, to gather how inexhaustive are the problems it holds out to be solved.

But, gentlemen, I am advocating that every one of us ought to be enquirers, and, to keep to my subject, How can those of us, humble practitioners in medicine and surgery, take our share in advancing a science like that of bacteriology, which to almost all appearances, seems to need alone the time and talents of an expert? Well, I believe that every one of us, however humble our aim, can do something, for while there is what we may term the pure side of the science; there is also its applied. With this latter we are every one of us brought into contact, and in relation to it we can and should, one and all, be enquirers. To make my meaning quite clear, let me illustrate it by reference to an example such, for instance, as may be seen in the treatment of a wound antiseptically. The one object we have in view is to preserve from contamination with microbes, the exposed surfaces and edges of our wound. Now, to fulfil this end effectually, numerous means and agencies have to be employed, I need not detail to you what they severally may be; what we have to enquire is whether every step that is being taken, every agent employed, is effecting precisely what we expect it to; whether we are omitting anything that is needful, or employing anything that is needless and possibly harmful. Now, these enquiries are of incalculable value, because they, in the first place, ensure our doing accurately what we wish to do, and, in the second, they aid us in detecting fallacies, possibly in the practice itself, if not actually in the very principle of the treatment.

Whenever science makes any new discovery, there are usually hosts of people who are eager and ready to make some practical application of it for ends either good or bad; and whether honestly or otherwise made use of, the inevitable result is the introduction of innumerable errors. No science has illustrated this better, perhaps, than the one we are now discussing. It was not long after Lister had proposed the use of certain agents for the destruction of micro-organisms that the profession became flooded with various kinds of reputed antiseptics and germicides. But the errors crept in, not only in such palpable ways as these, they found their entrance by far more subtle channels. From the laboratories came supposed experimental proof of the antiseptic value of certain agents, and the false assumption that they would prove of equal value when tested clinically. We were further told, and are told now, that certain salts in liquid or solid media of certain strengths are sufficient to kill either the microbe or its more resistant spores. In some cases it is experimentally proved in the laboratory and, therefore, so far, an unquestionable fact, but then with no such equal show of reason we are told to expect a similar result to follow its use in the ward. Now, whether or not it is in our power to practice some form of experimental proof, it is at least in the power of everyone to enquire, with conditions so obviously dissimilar as those existing in the laboratory and in the ward, is it right to

assume that the result will necessarily be the same. We may ask, for instance, whether it is reasonable to conclude that because a certain strength of an antiseptic destroys microbes in a watery solution, it may be expected to effect a like result when the microbes are embedded in an albuminous secretion? These are pertinent and cogent enquiries, and although, as I have already indicated, it may not be within the power of all of us to deal experimentally with them, we may, everyone, by thus asking questions, detect certain errors, the correction and investigation of which by others may lead to actual discovery and advance.

It is at the present time, I believe, within the power of every student who enters Guy's, to obtain a practical knowledge of bacteriology. It was not so in my time, and I had, I dare say like others here, to travel far to get my knowledge. But with this opportunity now at hand, it becomes possible for every student to gain a practical knowledge of bacteriology; and of this I can say, that those who do thus acquire such a knowledge, much that would otherwise be without their power to deal with, will be within their province to decide. Reverting for one moment to our wound and its antiseptic treatment. One of the commonest questions to ask, as it is one of the simplest to answer, is whether a certain antiseptic preparation has the germicidal power it is reputed to have. The very elements of practical bacteriology will enable you to make some so-called cultivation experiments, whereby the question can be at once settled. If you were to set about enquiring, in this practical way, into the antiseptic merits of the various compounds which are used as antiseptics, you would be not a little surprised to find how comparatively few stood the test. I had occasion, a short time ago, to investigate such well-known compounds as vaseline and boracic, and carbolized glycerine, and found that, so far from acting as antiseptics, they formed fruitful media for the cultivation of certain microbes.

But the question of the germicidal power of any given agent, and its experimental proof in the laboratory, is one of the simplest, compared to the magnitude of such enquiries as now concern the products of micro-organism, and the action of these products when taken into the human system. Such considerations are leading to the construction of numerous theories, many of which must be false; and it behoves every true student, whether at the portals of his professfon or practising it, to be constantly on the alert and ready to accept only such as in the light of his own searching enquiries he feels enabled to. It may be that his own limits of enquiry are necessarily narrow; but being alive, at least, to the need of caution, he will not be over hasty in making practical application of conclusions the basis of which may be a false theory. Such a lamentable exhibition as that seen two years ago in Berlin should prove sufficient to teach any of us the danger of over-hastiness is these matters. There is just one other consideration, gentlemen, to which I should like briefly and in conclusion to ask your attention. It should stimulate, I think, to the very utmost, the spirit of enquiry within us. Have you ever stood at the bedside of a comparatively young patient slowly dying of some form of malignant disease, or if not of what we may strictly term malignant disease, of some other form of complaint which carries with it—for all we at present know,—equally the inexorable doom of death? Possibly but too frequently the apparent helplessness of our position paralyzes rather than stimulates our endeavours; and although we would grasp eagerly at any agent that might lead to some reasonable hope of helping us, we bow too readily to what appears to us the inevitable, and fail to make even the least effort.

But if, gentlemen, I am right in all that I have been seeking to advocate, our position even

in this extreme class of cases should still be one of constant enquiry. The very fact of our being face to face with something we do not understand, should excite our curiosity, and the desire to know. There are naturally limits to all human skill and knowledge, just as there are limits to human life itself; and to be face to face with the really inevitable is not the position I here refer to. As long as there can exist within our minds the faintest suggestion that something might be done to save life or prolong it, so long should we endeavour to enquire what that something is. The true student asks himself not Have I done *my* best in any case, but Have I done the best that present knowledge can do; and if that *best* still falls short of the requirements, he asks further, Cannot something better be done? Thus is he stimulated to enquire and by such enquiries to advance not only his own knowledge but that which is far greater, the knowledge of the subject itself.

Well, gentlemen, I must not detain you longer; my allotted half-hour has expired. In thus being permitted to address you, I feel that in no other place could I have had a more fitting opportunity of doing so on my subject than here. Does not this very Society foster and encourage the spirit of enquiry? Are not carefully thought-out papers read here —many of them proving the very basis of valuable work hereafter? Are they not, too, discussed, criticised, and questioned with all that keenness which seems so well to stimulate our best endeavours? But, after all, much as may be, and is, the good done here, I fear we must exercise our faculty of enquiry in a far wider field than that which exists within the limits of this theatre, aye, and this Hospital too, if we are to employ it to its fullest advantage in our profession at large. It must be a very part of our life, exercised in all our relations to the world around us. It should pervade as much our religion and our politics as our profession; and in proportion as it does so shall we find our lives enlightened in every relation. I must not wander from the strictly technical limits of my subject, but I cannot help expressing the belief that, if we did thus, with all honesty, inquisitively seek for the truth in all things, we could none of us be bigoted sectarians, purely party politicians, or rampant advocates of any sect or subject. It is impossible, the deeper we delve into any matter, the more astutely we question it, not to have our minds broadened, our views extended. Dogmatism with us should be an all but unknown attribute; it indicates a limited, not an extended knowledge. It is for us ever to be seeking and making each truth as it is found, not the limit of our enquiry but the basis for the discovery of another.

There is but one precaution we must take in using our faculty of enquiry, on whatever subject we may exercise it; and that is, that we do not land half-way in scepticism. It is a sorry confession to express *doubt* because we do not *know*. It either means we have stopped short in our enquiries, or we are arrogant enough to ascribe to our knowledge a power which it does not, nor can possess. No profession can teach us more fully than our own how much there is to know, and how much there is that must for ever remain unknown. What truths we do and may discover are so infinitesimally small, compared to those which lie hidden within the unsearchable recesses of Nature, that we have indeed reason to think humbly of our knowledge; and as we work with Nature and learn to know her proportion in the share of the labour and the result accomplished, we shall, rather than being proud of our own petty acquirements, be lost in wonderment and admiration at her marvellous resources.

In conclusion, gentlemen, may I have struck, in these few remarks most humbly offered to you, the keynote of your coming session—a session which is to be fraught with papers of

more than usual searching interest, and with debates that indicate how true and sincere is the desire of those who take part in them to enquire after the truth.

DEMONSTRATIONS IN PATHOLOGY,

BY Dr. SHAW,

WITH REFERENCE TO SPECIMENS IN THE PATHOLOGICAL MUSEUM.

The Larynx.

1. *Inflammation without ulceration* may be—

a. Œdematous (3012). — Either passive, as in Bright's disease; or traumatic, as commonly after scalds; or a part of a specific laryngitis.

In this form the false cords are particularly liable to be affected.

b. Membraneous (3016, 3017, 3021).—The relation of this form to diphtheria is open to discussion. It resembles diphtheria in the formation of membrane, in extension of the process to the bronchi, and in tendency to be complicated by broncho-pneumonia. It differs from it in the fact that children are specially liable to be attacked, that evidence of contagion is wanting, and albuminuria and paralysis are rare complications; and that it may start as a cold, or be the result of a scald, or the swallowing of vitriol.

c. Phlegmonous, or suppurative (3028), only in adults.—It may come on in Bright's disease in place of the commoner œdema, or may spread from the erysipelatous condition of fauces known as angina ludovici.

d. Catarrhal.

2. *Ulceration.*

a. Simple (3024, 3025, 3027).—Very rare, if it ever occurs. Suspicions of a specific origin must always be entertained. One of the specimens may have been due to atheroma, as the patient died of senile gangrene.

b. Specific.

1. Typhoid (3056, 3057).—Nearly always symmetrical at the posterior end of the cords and very deep leading down to cartilage. Surgical emphysema may be set up. It is caused, perhaps, by an inflammatory product, or perhaps is a pressure sore.
2. Variola (3055).—Pustules are found in œsophagus and trachea, and possibly a pustule starts the ulceration.
3. Syphilis (3041, 3042, 3043, 3043A, 3044).
4. Tubercle (3046, 3047, 3048, 3049, 3050).
5. Leprosy (3052, 3053, 3053A).
6. Lupus (3051).

These four last diseases when they attack the larynx are difficult to distinguish taken by themselves. They have three clinical symptoms in common:—

1. Dysphagia with pain at back of pharynx or coughing as soon as food is swallowed, caused by destruction of epiglottis.
2. Dysphonia from destruction of cords or from œdema preventing their apposition.
3. Dyspnœa from œdema or fibrous constriction.

And three pathological features:—

1. Œdema most obvious where tissues are most lax. (Tubercles are never seen in the tubercular form).
2. Ulceration, if deep enough to expose cartilage, this will die and exfoliate (3032, 3033, 3034); hence, a suspicion may arise that the disease started in the perichondrium.
3. Cicatrization.

The diagnosis will depend on the presence of signs of infection elsewhere (but No. 3053B is a case of tuberculous laryngitis in a leper), or may be assisted by the following considerations:—The chronic cases are probably syphilitic, as are those in which there is much cicatrization or destruction of the epiglottis; since tuberculous cases are generally cut short by phthisis, cicatrization is, however, well seen in a tuberculous case which was actually treated by lactic acid. It is very rare, however, for tuberculous laryngitis to require tracheotomy. The pyramidal swelling of the arytœnoid folds and ulceration of the interarytœnoid space is very suggestive of tubercle.

3. *New growths.*

Benign.

1. Papiliomata (3061, 3062, 3064), like those in other parts; very common only in children; small cauliflower growths on vocal cords; may attract no notice till suddenly by displacement they cause serious symptoms, requiring tracheotomy. The tube often cannot be dispensed with till the growth has been removed.

2. Fibromata; may be sessile; thickenings of the posterior part of the vocal cords (3365); an exaggeration of a normal thickening found there. This form is common in singers, and harmless; may be polypoid (3066); and then dangerous if they suddenly get caught in the vocal cords.

3. Cystic (3076), the only specimen, found on anterior margin of epiglottis.

Malignant.

1. Carcinoma (3067), the only specimen; grew from the epiglottis up into the mouth and was removed by Sir Astley Cooper.

2. Squamous epithelioma (3068, 3070, 3072, 3072A, 3073), characterized by deep ulceration rather than tumour. The cartilages necrose, and the question may arise whether the disease is not a simple or specific perichondritis as in the case of the Emperor Frederick. The lymphatic glands are sometimes affected. It may have started in pharynx (3543), or

if starting in larynx may spread to pharynx. May give rise to a fistula opening externally.

3. Sarcoma (3074, 3075), common in pharynx and tonsils, and possibly affects larynx only by extension from these parts; it is distinguished by the presence of nodular tumour rather than of ulceration.

The Thyroid Gland.

A. Diseases of the gland associated with constitutional disease (3105).

1. *Cretinism.* The gland enlarges but not by formation of the thyroid substance, but by cystic degeneration. Associated with this is often the formation of large masses of fat at the edge of the sterno-mastoid.

2. *Myxœdema* (3104). The gland wastes away and is replaced by fibrous tissue. The constitutional symptoms, including a tendency to mucoid degeneration throughout the body and a marked sluggishness of temperament, may be closely simulated after removal of the gland in animals; and then a healthy condition may be recovered if a thyroid gland be allowed to grow in the peritoneum of the animal.

3. In *Graves' disease* (3107, 3109a), there is commonly an affection of the thyroid, associated with general constitutional symptoms. But the relation is less clearly, if at all, a casual one. The gland is simply hypertrophied and has an abnormally free blood supply.

B. Diseases common to various organs in which the thyroid shares, but which do not give rise to special symptoms when affecting the thyroid.

1. Lardaceous disease (3132a) to naked eye, the gland is enlarged and rather more translucent than usual.

2. Tubercle. Miliary tuberles are not rarely found in the thyroid, in general tuberculosis, but they do not often caseate and set up tubercular inflammation there.

C. Diseases which give symptoms due merely to local enlargement or growth.

1. *Benign* (3106, A3110, A3110a, 3111, 3120 (cf3172), 3125, 3125a).

Hypertrophy (3106).

Adenomata (A3110, A3110a, 3111), classified into various groups, some of which however, *e.g.* cystic, may be malignant.

Cystic degeneration, 3120 (cf 3172), may cause enormous enlargement, and sometimes the wall calcifies (3125).

Hydatid cyst (3125a).

2. Malignant (3115, 3116, 3113, 3144 and 98).

Sarcoma opening œsophagus (68).

" invading jugular vein (3115).

Carcinoma (3113) affecting skin.

The Thymus Gland.

No disease known of any importance. It may be enlarged in purpura (3126); in Graves' disease (3129); in leucocythæmia (3128).

Thymic asthma was formerly given as a reason for obscure breathing, in which an enlarged thymus was supposed to bring on laryngeal spasm from pressure on the trachea (3127).

CHART FOR RECORDING THE EXAMINATION OF URINE.

Printed and published by H. R. Lewis, 136, Gower Street, London.

This chart is printed on a sheet of paper 13 inches by 8 inches. There are spaces for noting "Date of Examination," "Name, &c., of Patient," and "Time when Sample was Passed," at the top of the sheet. On the left hand side, under the heading "Normal Constituents," are the following sub-headings:—Quantity in 24 hours, colour, odour, consistence, reaction, specific gravity, sediments, urea, uric acid, phosphoric acid, sulphuric acid, and chlorine, and under each of the above the normal conditions and quantities for the 24 hours printed in smaller type. Under another heading "Abnormal Constituents," are:—Albumen, sugar, mucus, pus, bile, blood, casts, micro-organisms, colouring matter and extraneous matters. Then under another heading, "Sediments," are:—Urates or uric acid, phosphates and oxalates. Opposite each of the above-mentioned sub-headings there is an ample space allowed for recording the results of the analysis. In addition there is a circular space about the size of half-a-crown for drawing the microscopic appearance of any deposit. Below all, a space for "General Statement of Results of Analysis," and for the signature of the analyst.

The above-described chart meets very well the requirements for recording a thorough single examination of the urine, but for hospital use, in cases requiring a daily analysis, it would prove by far too bulky, one chart being used for each day; thus, the report would be very considerably increased in size, and it would be very difficult to see at a glance, as one should, the daily variation in quantity, amount of albumen, &c.

APPOINTMENTS.

Green, Albert, M.B. Lond., has been appointed Deputy Coroner for N.E. Derbyshire.

Hooper, Alfred, M.R.C.S. Eng., L.S.A., re appointed Medical Officer of Health to the Burton-on-Trent Sanitary Authority.

Larking, A. E., M.D. Durh., M.R.C.S. Eng., has been appointed Medical Officer for the Eighth District of the Aylesbury Union.

Parkinson, C. H. W., M.R.C.S., D.P.H.R.C.P. Edin., has been appointed Medical Officer of Health to the Wimborne Local Board.

Wacher, Frank, M.R.C.S., has been re-appointed Medical Officer of Health for the Canterbury Urban Sanitary District.

Passim.

It is hardly necessary to remind our readers that to-night is the occasion of the first Smoking Concert of the season. Mr. Charles Salter, the President of the Residents' Mess, will be in the chair; and a tip-top programme has been arranged (price twopence, please buy one). Our artist has so skillfully advertised the event about the Hospital, that on the strength of his drawings alone we may expect the room to be crammed in every part. So come early.

What is a "Hypher"? This extraordinary animal was let loose on the Debating Society last Saturday fortnight, and created a deal of consternation. Though we are still in doubt as to the exact nature of the beast, we are assured by more than one authority that it is some sort of compromise between a cow and a bull—possibly an Irish one.

We are not able to publish the statistics we promised on the attendance of the various members of the College Library Committee at the meetings of the same, for the simple reason that, though both the Library and the Committee exist and have existed over a year, there seems never to have been a meeting of the executive at all. How many of the other Clubs are managed on the same principle we should not like to say, but the thing wants looking into.

It was satisfactory to everyone to see that the fire apparatus was in such good working order last week, and so promptly handled. Some of the efforts of our amateur firemen, however, seem to point to the value of a suggestion which was made some time ago in the Gazette, viz., that those resident about the Hospital should be enrolled into an amateur brigade and receive proper instruction.

Dr. Shaw has kindly consented to permit the publication of notes on his Demonstrations in Pathology. The first instalment appears to-day, and we are sure will be greatly appreciated by our readers. Study in the Museum will be encouraged and greatly enhanced in value by the possession of such assistance as these notes will render.

The result of the Old Leysian match was a great disappointment to all of us. True, the same Leysian team beat St. Thomas's, but by a very narrow margin; and moreover the St. Thomas's forwards are reported to have had it all their own way, while, on the other hand, the Old Leysians simply rushed our forwards all over the ground.

Behind, we were greatly superior. All we want, all we have wanted for the past five years, are a few good heavy forwards, but they must come quickly, else our smart three-quarters will be worn to pieces long before the cup ties.

Mr. Munro says cross-country runners are made, not born; we cannot but help thinking the same of Rugby forwards—we see plenty of 14 "stunners" about, why should they not try the experiment?

There was a capital attendance at the second meeting of the Physical when Mr. Davies read a very interesting paper on Tetanus. The members are evidently of Mr. Sharp's opinion, that there is "A subtle fascination about acute septic processes" which attracts much more than a discussion on "Obscure new lesions or chronic Bright."

Apropos of the origin of the tetanus germ, one sporting gentleman objected to the presence of a horse on the Brockley ground. To avoid mistakes we may as well state at once, that the only disease the horse has got, as far as the professor has been able to ascertain, is progressive muscular atrophy; but hush! "Miss Cobbe."

Hospital News.

IN THE WARDS.

PHILIP 4.—Pneumonia.
12 and 8.—Diabetes mellitus.
19.—Cardiac.
15.—Typhoid fever.
5.—Chronic tubal nephritis. Albuminuric retinitis.
3.—Enlarged and tender liver. ? Abscess. History of dysentery when in India.
10.—Abdominal pain and pyrexia. ? Peri-typhlitis.
15.—Mitral and tricuspid regurgitation.
1.—Empyema.
28.—Aortic stenosis and regurgitation.
30.—Diabetes mellitus.
21.—Hemianopia.
39.—Ascites. ? Cirrhosis of liver.
22.—Spastic paraplegia.
29.—Acute transverse myelitis. Recovering.
24.—Mitral incompetence. Pericarditis. Ascites.
32.—Gonorrhœal arthritis.
33.—Acute nephritis. Pyæmic knee-joint.

STEPHEN 16.—Gout.
10.—Ascites. Albuminuria. Cirrhosis of liver.
18.—Plumbism. Well-marked blue line.
20.—Mitral stenosis and regurgitation.
6.—Phthisis. Albuminuria. Glycosuria. Urine 1016, about 40 oz. daily; 7 to 10 grs. glucose per oz. ? Diabetes mellitus.
39.—Diabetes mellitus.
36.—Carcinoma of wall of stomach.
22.—Phthisis.
27.—Double basal pneumonia. Recovering.
26.—? G.P.I.
24.—Mitral stenosis and regurgitation. Well marked presystolic bruit.
29.—Pericardial effusion, mitral regurgitation.

MARY. 33.—Pyrexia. ? Typhoid fever.
28.—Œdema of legs. ? Cause.
27.—Diabetes mellitus.
34.—Aortic stenosis and regurgitation, enlarged spleen. Pregnancy.
31.—Ascites. Jaundice. Enlarged liver. ? Malignant ovarian with secondary growths. Liver.
36.—Peripheral neuritis.
30.—Pityriasis rubra. Recovering.
45.—Ascites. ? Tubercular peritonitis.
46.—Chronic intestinal obstruction. Growth in sigmoid. Colotomy (Rt).
41.—Typhoid fever.
38.—Rt. Hemiplegia. Aphasia.
13.—Cerebral tumour. Optic neuritis.
24.—? Psoriasis. ? Syphilide.
19.—Exophthalmic goitre.
1.—Thrombosis of left femoral vein, anæmia.
5.—Lumbago. ? Calculus. ? Movable kidney.

UNDER MR. LUCAS.

CHARITY 1.—J. H., æt. 40, admitted for hæmaturia and hypogastric pain. 12 months ago patient had intense pain in left side, and since then she has been troubled with frequent and painful micturition (obliged to get up seven or eight times during night), worse when moving about, the pain is worse at end of micturition; frequent hæmaturia (last time was a fortnight before admission). "Missed a hairpin" about 12 months ago. Urine acid, pus, albumen, no blood. $CHCl_3$. given, urethra dilated rapidly with Bryant's Dilator, finger introduced and ends of hair pin felt in bladder. Ends of pin clamped together with Spencer Wells' forceps and after some difficulty a beautiful specimen of phosphatic stone, completely surrounding upper part of hairpin, withdrawn. Measured 2 inches long, 1 inch broad, ¾ inch thick, the free ends of hairpin projecting at one end. Bladder washed out with Boracic. Blood soon disappeared from urine and symptoms ceased. No incontinence of urine whatever after the dilation.

JOB 4.—H. G., æt. 48. Admitted for submaxillary tumour. Has been in army; no history of syphilis; no family history of cancer. Tumour in left sub-maxillary region, three-quarters of an inch in front of angle of jaw, size of large Tangarine orange, painless, not tender, distinctly fluctuating, extends a little to right of mid-line, and as low as hyoid. It does not bulge into floor of mouth. Whole of left side of floor of mouth is occupied by some solid and hard mass, and there is also a smaller nodule just to right of frænum; no ulceration, no glands; the thickening extends back on left side to angle of jaw, but tongue is not affected, Ranula, dermoid, and various kinds of cysts suggested: but on enquiry it seems that thirteen months ago patient was in Job, under Mr. Lane, with some growth on left side of floor of mouth of six weeks duration. Some of this was removed, including the internal extremity of Wharton's duct; and the growth was thought to be epitheliomatous. It would, therefore, appear that the present fluctuating tumour is a retention cyst, due to blocking of Wharton's duct, and the mass in mouth is epithelioma.

JOB 21.—C. B., æt 48. A very similar case. Admitted in July, 1892, for fluctuating swelling in left sub-maxillary region. It was diagnosed as "periosteal abscess." Mr. Lane opened it and patient went out. A sinus remained, and much thickening around it was noticed; this was attributed to simple inflammatory process, and patient continued attending in surgery. The thickening seemed rather to increase than diminish, and there being a dubious history of syphilis, patient was treated with pot. iod. and hyd. perchlor.; the sinus refused to close, and patient was re-admitted October 5th. A small ulcer was then noticed on left side of frænum, and much infiltration of left side of floor of mouth. Mr. Lucas proposed to remove about two inches of left side of lower jaw, with infiltrated portion of mouth; but after beginning operation, found infiltration so extensive that he removed whole of left side of lower jaw, and the invaded

soft tissues. Patient doing well. The abscess had evidently been glandular, arising from the epithelioma in mouth, which was so small that it was overlooked.

Job 20.—J. W. A., æt. 53. Admitted for urinary fistula. About two months ago, patient had a calculus impacted in urethra, which was said to have come away in eye of catheter. Soon after this a perineal abscess appeared; broke externally, and left a fistula which refused to heal, though a catheter was passed frequently. Mr. Lane opened up fistula and found tissues undermined extensively, and urethra lying bare in abscess cavity for about one inch. Wound packed with gauze and iodoform, &c.; catheter tied in. Temperature remained about 100° until sixth day, when it rose in evening to 102°. Bladder had been washed out several times with Thompson. The next day, October 6th, patient was drowsy; temperature 102° again. October 7th, patient delirious all night, but temperature did not rise above 100°. Since then, patient has shown increasing mental symptoms, but temperature has only averaged 100°-101°; the catheter being omitted, together with all local treatment since October 10th. Urine, owing to difficulty in collecting, has not been properly examined; but when examined on October 9th it was distinctly acid, no albumen; and the same result on October 12th. Mr. Lucas thinks there is ascending nephritis, consequent on a transient septic condition of bladder after catheterisation.

Clinical.

John 15.—Softening in Pons. Secondary degeneration in medulla and cord. [Case taken by Dr. Taylor for Clinical lecture on October 15.]

A. W., æt. 57. 2¼ years ago had something wrong with his speech—was unable to pronounce certain words; voice grow gradually more and more hoarse. Three months later his left leg and arm gradually grew weaker; he was observed to drag his leg in walking, but was able to get about with the help of a stick; he could not hold things properly with his left hand. Six months later his right leg and arm became similarly affected, while his left limbs appeared to improve. Since that time his left side has improved slightly, but his right side has, if anything, got worse. He has never taken to his bed, but has been unable to do anything for himself. He has been able to swallow perfectly. Has not been able to make voluntary movements with his lips, *e.g.*, whistling, during the whole time. He has been able to cough until the day before admission, and has had complete control over bladder and rectum. Two days before admission it was noticed that patient had caught cold and coughed a good deal.

On admission.—October 12th. Lower facial muscles appear paralysed; cheeks puffed out with expiration; eyes cannot be screwed up tightly; lips usually shut, but not tightly. Forehead can be wrinkled. The tongue can be protruded and moved in every direction except upwards. It is not atrophied. The speech is very thick, most difficulty experienced with the vowel sounds, and with the consonants *b*, *p* and *l*.

Limbs.—Right side: marked rigidity of arm and leg; both limbs go into clonic spasm on attempting to extend them. Grasp of right hand very feeble. Right knee cannot be bent up against pressure. No wasting of muscles. Left side: no rigidity. Grasp of left hand rather better than right. Slight loss of power in left leg. No wasting.

Reflexes.—

Knee-jerks exaggerated on both sides, most on right.
Ankle clonus well marked " " "
Wrist-jerk " " " "
Elbow-jerk " " " "
Plantar reflexes present.

Diaphragm and intercostal muscles move well in respiration.

Loud mucous râles in trachea and large tubes. Respiration 25.

Patient is unable to cough.—Pulse 100 full and incompressible. Urine contains 1·5 per 1,000 albumen.

During the day, patient's breathing became worse, the mucus increasing in the large tubes owing to inability to cough.

October 13th. Breathing more rapid, temperature 100° at 10 a.m. Great trouble in passing water, passes motions under him. Pulse 140.

Breathing grew worse during the day, and patient died at midnight.

Temperature 103·6°. Respiration 40 at 6 p.m.
" 104·6°. " 48 at 10 p.m.

At the Autopsy.—A mass of softening was found on each side of the middle line in the pons, largest in the upper part, and gradually decreasing in size towards the medulla. There was a patch of sclerosis near the dorsal aspect of the lower part of the pons on right side, apparently involving the fibres of the facial nerve; also another patch near ventral aspect. Secondary degeneration in pyramids of medulla and in lateral columns of cord.

The arteries were very atheromatous all over the body (aorta, coronary arteries, and arteries of brain.)

The kidneys were not granular.

The lungs contained numerous patches of bronchopneumonia.

Dr. Taylor, at the bedside, and in his lecture discussed:

(a) The probable position of the lesion or lesions. With lesions of the crura cerebri affecting the pyramidal fibres, the third nerves would most probably be affected, but in the case there was no oculomotor paralysis. Lesions in the pons or medulla appeared most probable.

(b) The nature of the lesions. The effect of a slowly growing tumour pressing on the bulb, and affecting the nerves at their origin was considered, but dismissed on account of the difficulty such a growth would experience in pressing upon both ventral and dorsal aspects of the medulla, and in avoiding the fifth and sixth nerves, which were unaffected in the case. The gradual onset of the symptoms rendered hæmorrhage improbable. Atheroma of vessels, thrombosis, and cerebral softening remained, and were warranted by the incompressibility

of the pulse, and the albuminuria. Again, to account for symptoms, two lesions were required, one in each motor tract. All these conditions were satisfied by the bilateral softening found post-mortem in the pons, and the consequent secondary degeneration in medulla and cord.

As the kidneys were not found to be diseased, the albuminuria may have been caused by the bulbar lesion.

PASS LIST.

FIRST CONJOINT EXAMINATION, OCTOBER, 1892

Elementary Anatomy and Physiology.

Collins, V. E.	Hort, E. C.
Evans, C. R.	Pearson, G. B.

Elementary Physiology only.

Earnshaw, A.	Lavers, N.

Chemistry and Physics.

Baines-Hooper, J. H.	Finch, A. H.
*Bedford, G. H.	Fulton, H.
*Bernard-Onraët, H.	*Gough, B. B.

Lichtenberg, C. L.

* Under New Regulations.

Materia Medica and Pharmacy.

Bourne, H. J. F.	Lee, F. W.
Hewlett-Hayes, R.	Lewis, L. H.
Hibbard, C. E.	Moorshead, C. W.
Howell, J.	Proctor-Sims, F. R.
Hunter, C. H.	Simons, R. J. R. C.
Jenkins, C. C.	Tulk-Hart, T. J. A.

Vick, T. J.

NOTICE.

At the next General Meeting of the Debating Society, Mr. H. Nolan will move, "That Rule XII. be amended, and read as follows:—'No Member shall be allowed to speak more than once on the same evening except to an amendment, and except in the case of the Proposer and Opposer, respectively, each of whom shall be allowed to make a reply of five minutes' duration. The latter of these shall be called upon by the Chairman at least ten minutes before the time fixed for the termination of the debate.'"

NOTICE TO CORRESPONDENTS.

The Editors wish it to be understood no communications can be inserted which are not guaranteed by the name of the sender. All articles must be written on one side of the paper only.

VISIT OF BARON DUPUYTREN TO GUY'S HOSPITAL.

Extract from *The Lancet* of 1826, Vol. X., p. 861.

"On Tuesday last that illustrious French surgeon, Baron Dupuytren, visited Guy's Hospital, and went round the wards with Sir Astley Cooper. The circumstance of his being about to visit the Hospital being generally known on the preceding day, a large concourse of pupils assembled to meet him, by whom he was received with marked attention and politeness. He immediately proceeded round the wards with Sir Astley Cooper.

"A long discussion ensued between Dupuytren and Sir Astley Cooper, in Accident Ward, on the subject of fracture of the neck of the thigh-bone. We understood the former to assert the possibility of ossific union taking place. He said he had a preparation illustrative of this fact, which he would take care to forward for Sir Astley Cooper's inspection. The treatment usually adopted by him in fractures of the neck of the thigh bone, he said, was to place the limb on a double inclined plane, and he usually found that the parts had united at the termination of eighty days—that is, about double the length of time usually assigned for the union of fractures in other parts of the thigh-bone.

"Dupuytren objected generally to the beds used in this Hospital. He recommended first a straw mat, then a flock mattress, and lastly, on this a flock bed.

"After seeing several cases, he proceeded to the Operating Theatre, in order to witness the operation of lithotomy by Mr. Key.

"The patient, a boy about five years of age, was placed on the table; the straight staff was passed without difficulty, and Mr. Key effected his incision into the bladder with his accustomed dexterity. The forceps were now introduced, and speedily afterwards Mr. Key withdrew them, and passing his finger through the wound into the bladder, turned round, and looking aghast, exclaimed, 'The stone is not in the bladder; it is in an abscess at the neck of the bladder.' It was somewhat unfortunate that Mr. Key should have made this remark, for on raising the forceps he found the calculus had been withdrawn, and was then actually between the blades of the forceps, but it was so small that it had previously escaped his observation. The satisfaction depicted on the operator's countenance on making this discovery may readily be conceived. Sir Astley Cooper afterwards remarked to a pupil (apparently with great feeling), 'It is fortunate, for the honour of Guy's Hospital, that the operation terminated in this satisfactory manner.'

"'The best thing you could have done,' said Sir Astley to Mr. Key; 'if you had not found the stone would have been to hang yourself up by the neck.'

"Dupuytren expressed his approbation of Mr. Key's operation in the highest possible terms of praise. He said he had frequently seen the operation performed

with much dexterity, but never 'more promptly, more decisively, or more happily *(bonheur)* than on the present occasion.'

"Baron Dupuytren, after the operation, visited the Museum, the Lecture Room, and other parts of the new buildings. When he took leave of Sir Astley Cooper, he saluted the worthy Baronet on each cheek. The manner in which Sir Astley submitted to this ceremony afforded no small share of amusement to the pupils standing round, which was heightened by his observing, 'Well, I am even with the Baron, for I saluted his daughter yesterday, when he was out of the way.'

"A scene worthy of the pencil of Hogarth occurred in the presentation of the 'Pharmacopœia Guyensis' *(plurimum aucta et emendata)* to Dupuytren by the venerable Stocker—the standard-pestle of Guy's Hospital." A.J.C.

GUY'S HOSPITAL DEBATING SOCIETY.

On the evening of the 8th of October the first meeting of the new Debating Society was held in the Smoking Room of the College, and the promoters must be heartily congratulated on the success that attended their efforts, for never before in the remembrance of at least any present student has such a well attended and enthusiastic meeting been held in Guy's.

As was published in a late number of the GAZETTE, the subject for debate was: "That this meeting deplores the return of Mr. Gladstone to power"; the mover being Mr. Pakes, the opposer Mr. F. G. Hopkins.

The subject was of course one well calculated to bring out the latent talent of politicians, who hitherto had to be content with discussing their views behind the screens of the Smoking Room and in the passages near the Library.

The subject was essentially a very wide one, indeed there were not wanting those who said, and, I think, with some truth, that it was too wide, owing to the fact that subjects which otherwise would form fruitful sources of discussion on a future occasion would, by being dealt with now, be rendered somewhat stale. However, as it happened, this fear luckily turned out to be unfounded, for the battle was fought out almost entirely on the ground of Home Rule for Ireland. More or less was also said on One Man One Vote. Socialistic questions were just touched upon; whilst Welsh Disestablishment, Eight Hours Bill, Women Suffrage were scarcely mentioned.

Among those present were Dr. Pavy (Chairman), Mr. Golding-Bird, Dr. Shaw, Dr. Washbourn, Mr. Lane, Dr. Starling, Mr. Tubby, Mr. Gill, Dr. Fawcett, Mr. W. P. Parry, Mr. T. H. Williams, L.C.C., Mr. W. Rattey, R.N.

At 7 o'clock the Smoking Room presented quite an animated appearance, there being then present about 100 men, to be later supplemented to 127. The supporters of the motion were ranged on the right side of the Chair—a goodly mass—whilst opposite to them, near the fireplace, were their opponents, fewer in number, according to the fitness of things, but all good men and true, each one a host in himself.

At this time partisan feeling was quiet, except that occasionally a wild Irishman, eager for the fray, would shout out a yell of defiance.

Shortly after 7, Dr. Pavy, accompanied by several members of the Staff, entered the room, and their entrance was the signal for a loud burst of cheering, which was given them as a recognition of the kindly encouragement which had been bestowed by the Guy's Staff on the Society.

Dr. Pavy, who made a capital Chairman, commenced the proceedings by a speech in which, having remarked on the great pleasure which he derived from being present that night, he dwelt upon the advantages accruing from the cultivation of that great medium of communication between man and man, the Power of Speech, saying that although medical men were not called upon to speak in public so much as clergymen and lawyers, yet that in practice it was a great assistance in the relations between doctor and patient.

He hoped that the Society would be of use, if only in accustoming men to speak without being rendered suddenly aphasic. He concluded by wishing the Society a long and prosperous career. (Cheers.)

The next item was the selection of a subject for next debate; two papers had been handed up to the President, "according to the rules of the Society," one being "Cremation v. Burial," and the other, "That the Franchise should be extended to Women"; on being put to the vote the meeting decided in favour of the latter.

Mr. Pakes then rose to move the Resolution, and at the commencement said he had no confidence in Mr. Gladstone. He was too old for public life.

The speaker then dwelt upon the inconsistency of the G.O.M., together with his shortness of memory when it suited him, instancing a speech in which, having previously derived some valuable help from Mr. Jesse Collings, he referred to him as a certain Mr. J. C. But more of this anon.

He regarded the granting of Home Rule as a national danger, and contrasted the condition of Ireland under the late administration with the previous state of things.

He referred to the Gladstonian Foreign policy, which he said compared but unfavourably with that of the Unionists; and finally attacking One Man One Vote, he brought to a conclusion a very well delivered speech.

Mr. Hopkins then rose to reply. He dwelt more particularly on the historical aspect of the Irish question, and said that anyone honestly studying that subject could not but come to the conclusion that Ireland had been misgoverned, and that the only proper solution was that Irishmen should govern Ireland.

He alluded to Mr. Pakes' sarcasm on the shortness of Mr. Gladstone's memory, and said there was nothing to object to in his remark about a certain Mr. J. C., but that he would have spoken with more truth had he called him the uncertain Mr. J. C., a retort which elicited much laughter.

He defended Mr. Gladstone's Foreign policy as only an enthusiastic Gladstonian could. His speech, however, throughout was characterised by great moderation.

Speaker after speaker followed in rapid succession, there being none of that hesitation which so often characterises meetings of a similar kind, which fact was a most pleasing one, and conduced not a little to the success of the debate.

The speakers were, for the motion: Messrs. Spon, Carpenter, Coleman, Parry, Carden, Read; against: Messrs. Stoner, Makepiece, Gillard, Statham, Higgins.

The speakers varied much in their manner and mode of delivery, but still more so in their politics: there was no doubt, however, about the sincerity of their motives. The greatest difference of all was in the character of their voices, some of them being loud enough to be heard among an audience of thousands, and others again, being of that melancholy type which reminded one of Hervey's Meditations among the Tombs, but this is what we have noticed in many another even more august assembly, if possible, than the Guy's Debating Society, and is possibly due to nervousness, a novelty which will doubtless wear off in time.

After Messrs. Hopkins and Pakes had replied, the Chairman put the question to the meeting, first for the ayes and then for the noes, "Do you deplore the return of Mr. Gladstone to power." The speaker had barely time to put the question when the ayes had burst in with a shout that must have startled many a "peaceful" citizen in the Borough.

The question was then put to their opponents; they responded with a cry of "No," hardly less loud than their predecessors, and it was amidst a scene of great excitement that the President declared that the ayes had it. Mr. Stoner immediately jumped up and challenged a division, which was taken, Messrs. Stoner and Coleman being tellers for the Unionists, Messrs. Spon and Allan for the Gladstonians, with the result that the motion was carried by a majority of 14.

After a vote of thanks had been given to the Chairman for officiating that evening, a most pleasant and successful meeting terminated.

THE LIBRARY.

The following works have been recently added to the Library:—

Vierordt's Medical Diagnosis.
Treves' Manual of Operative Surgery.
Landois & Stirling's Physiology, latest edition.
Parkes' (Louis, C.) Hygiene and Public Health.
Sachs' Physiology of Plants. Translated by Marshall Ward.
Silk's Anæsthetics.
Fletcher's Metallurgy.
Bloxam's Metallurgy.
Coleman's Dental Surgery.
Harris' Principles of Dental Surgery.
Salter's Dental Surgery.
Gunning on Fractures.
Evans' Crown, Bar and Bridge Work.
Oakley Cole's Oral Deformities.
Kingsley's Oral Deformities.
Flagg's Plastics.
Underwood's Histology.
Stocken's Materia Medica.
Ostwald's Outlines of Chemistry.

PRESENTED.

Hale White's Materia Medica. By the Author.
Quinby's Notes on Dental Practice. By the Author.
Lane's Differentiation in Rheumatic Disease (so called) 2nd edition. By the Author.
Allchin's Duodenal Indigestion. By the Author.
Goodhart's Common Neuroses. By the Author.
Jones and Stewarts Diseases of the Ear, and Naso-Pharynx. The Publishers.
Carrington's Notes on Pathology, edited by Dr. Crook and G. Mackerson. The Editors.
Hygiene and Public Health, vol. I., edited by Drs. Stevenson and Murphy. Dr. Stevenson.
Transactions of the Sanitary Institute, 1891. Dr. Stevenson.
Klein's Micro-organisms and Disease. Dr. Stevenson.
Grove's Synopsis of the Bacteria and Yeast Fungi. Dr. Stevenson.
Kœnig's Chemische Zusammensetzung der menschlichen Nahoungs-und Genussmittel. Dr. Stevenson.
Parke's Practical Hygiene, 1878. Dr. Stevenson.
Barry's Report on Smallpox at Sheffield, 1887-88. Dr. Stevenson.
First Report of Royal Commission on Metropolitan Sewage Discharge, 1884. Dr. Stevenson.
Minutes of Evidence taken before Sewage Commission, 1882-3. Dr. Stevenson.
Minutes of Evidence taken before Sewage Commission 1884. Dr. Stevenson.
First Report on Housing of Working Classes, 1885: Dr. Stevenson.
Report on Vivisection, 1876. Dr. Stevenson.
Report on Opium, 1891. Dr. Stevenson.
Sewage Commission—Report of Microscopical Investigation. By Dr. Sorby, F.R.S. Dr. Stevenson.
Medical Illustrated News, 2 vols. Mr. W. L. H. Blenkarne.
Dr. Turner's Report on Enteric Fever in S.E. London. Mr. Golding-Bird.
Makin's Manual of Metallurgy. Mr. Maggs.
Journal of British Dental Association, 3 vols. Mr. Maggs.

Appendix V., 2nd edition of the descriptive catalogue of the Pathological Specimens in the Museum, Royal College of Surgeons.

The Dental Section of the Library now includes the undermentioned Books:—

Bloxam's Metallurgy.
Cole's Oral Deformities.
Coleman's Dental Surgery.
Evans' Crown, Bar and Bridge Work.
Flagg's Plastics.
Fletcher's Metallurgy.
Gunning on Fractures.
Harris' Principles of Dental Surgery.
Heath's Disease and Injuries of the Jaws.
Kingsley's Oral Deformities.
Makins Manual of Metallurgy.

Miller's Micro-organisms of the Human Mouth.
Owen's Odontography.
Quinby's Notes on Dental Practice.
Rymer's Note-book for Dental Students.
Salter's Dental Surgery.
Sewill's Dental Surgery.
Silk's Anæsthetics.
Stocken's Materia Medica.
Tome's Dental Surgery.
Tome's Dental Anatomy.
Underwood's Dental Surgery.
Underwood's Dental Histology.

Sport.

RUGBY FOOTBALL.

GUY'S v. LENNOX.

A strong contingent of Guy's men turned up on Saturday to see the first XV. play their first match and win. The ground was in fair condition and there was but little wind. Shorland kicked off for Guy's at 3.35, and for the first quarter of an hour there were a series of scrums in Guy's half, our men having much the worst of matters. Some good open play by our forwards resulted in Pike dribbling to the back, who, when beautifully tackled by Pike, dropped the ball, and Bell rushing up kicked it hard and following it up gained the first try. Bertie Hancock kicked a splendid goal from a difficult angle. Our men continued to have the worst of the scrums, but whenever the ball came out our three-quarters showed to great advantage. Two or three good bits of passing between Trouncer, Hancock and Bell, at last resulted in the last named again scoring a pretty try between the posts, which was converted by Hancock. Just before half-time was called the referee allowed a free kick to Lennox (a most extraordinary decision) almost under the goal posts, but fortunately the long New Zealander was in the right place, and knocked it on one side. Immediately after half-time Jones and W. I. Hancock "mucked" the ball between them, and Beresford getting it, registered a try under the posts, almost without being tackled; the try was improved by Roberson. Soon afterwards the same player again picked it up and made a splendid run, placing the ball behind the goal. This was also converted. Play now was fast and furious. Twice our men seemed certain to score, but the ball was ruled forward both times; until from a good throw out by Jones, Bell dashed up, and taking it splendidly outpaced all the opposing backs and scored easily. This was the winning point of the game. Guy's thus winning by three goals against 2. Sides:—

Guy's. Dudgeon (back), H. T. Bell, W. I. Hancock, E. Ensor (three-quarter backs), M. S. Jones, C. A. Trouncer (half-backs), C. Slater, E. T. Shorland, Hancock, Collins, Pike, Clark, Hort, Grellett, Batchelor (forwards).

Lennox. W. Lee (back), R. A. Beresford, Lindsay Smith, F. Roberson (three-quarter backs), W. Lucas, G. Reed (half backs), G. Andreoli, G. Bloomfield, J. Darlington, G. Drummond, A. Fowler, H. Wood, S. Green, D. Hick, J. Williams (forwards). Referee, G. Richardson, Manchester.

As will be seen, there were four new men in the team; Trouncer, Hort, Grellett and Batchelor. Trouncer played a very fair game at half until he was unfortunately hurt, about 10 minutes before the call of time. He passed out very well at times, but showed an inclination to run too much, indeed, if he had not done so, he would not have been hurt; his tackling also was at times weak. Hort and Grellett are both good men, and ought to be able to keep their places in the team. Batchelor, who hails from New Zealand, was not up to the mark. At full back Dudgeon did not get a very fair show, as both times Lennox scored, he had to tackle a dodgy man single-handed, a task beyond most backs. Ensor was surprisingly good, running strongly and making fewer mistakes than either of his confrères. Bell tackled badly; of course he got all the tries, but if he can't get them who can? He sticks to his old bad habit of being anywhere but in his right place. Hancock, barring the two blunders already referred to, was as good as ever. Jones was not M.P. Jones. The forwards tackled horribly, and if they are going to do anything they must certainly improve in this essential point; Hancock, Slater and Pike were, however, brilliant exceptions.

GUY'S v OLD LEYSIANS.

Played at Stamford Bridge, in beautiful football weather, on Saturday, October 15th. Guy's were without their captain, E. T. Shorland, and C. A. Trouncer, both suffering from last week's injuries. Still it is not to be supposed that their absence made the difference in the game, although it might have lessened the large score run up against them. Although Guy's were beaten so easily, still the play was much more hopeful than that of the previous Saturday. The forwards were over-weighted to a degree, and the mere fact of being heavier (so much heavier) stimulated the Old Leysian forwards to fight and never consider the ball held until they were sat on by three or four Guy's men. This calls attention to the referee. It was his place to stop this kind of play, by always calling it back to wherever held, but he never did! Surely it is a vital point in the game that a referee should know just a trifle about the rules. Yet a more beautiful ignorance of the game and laws of Rugby than that shown by Saturday's referee I have seldom seen. The ball was picked out of the scrum, handed forward time after time, and passed forward; yet very rarely was the fact recognised by the whistle. The Old Leysians were the better team undoubtedly, and won by one goal and four tries against two tries. Bell scored both tries for Guy's. The first a magnificent run, and the last the result of splendid play by Bertie Hancock. Dudgeon was very plucky at back, but not good. Jones played splendidly. The forwards, though so severely overmatched, were plucky to a degree, and deserve the greatest credit for the way they stuck to their work,

"Dubby" Hancock's collaring is a pleasure to see, but, we presume, not to feel.

Guy's. Dudgeon (back), H. T. Bell, W. I. Hancock, E. Ensor (three-quarter backs), M. P. Jones H, M. Stewart (half backs), C. Slater, Hancock, Collins, Pike, Clark, Hort, Grellett, Rowlands, Rowlands (forwards).

Old Leysians. J. H. Clapham (back), G. S. Anderson, F. Budgett, F. S. Hunter (three-quarter backs), J. H. S. M'Arthur (capt.), G. H. Chubb (half backs), W. A. Lindsay, C. D. Medley, W. F. Budgett, E. G. Chubb, F. G. Whitworth, J. H. Gould, H. Spicer, J. M. Lyon (forwards).

GUY'S 2nd XV. v. DULWICH COLLEGE.

On October 8th we opened this season successfully against Dulwich College (2nd XV.), whom we defeated by two tries to nil. Our opponents were much lighter, though in very much better condition than we.

Having lost the toss, Spon kicked off. Dulwich returning forced the game into our "25," but were gradually forced back, and Spon ran in behind the posts. Rice failed to convert, being rather slow to take the kick.

After half-time Dulwich pressed us hard and the game went very fast, but our weight again told and after some brilliant passing between Spon, Kevern and Hicks, the latter got in near touch. Kevern failed to convert, though his kick was very good. "No side" was soon called and left us winners as stated above.

Kevern at half played very well and is an acquisition, Rice and Mottram are also two good forwards, the former will prove valuable for his kicking powers. Moffat as usual was to the fore.

Our team was as follows:—Alexander (back); A. Perks, H. T. Hicks, F. O. Garland (three-quarter backs); W. H Peake, G. T. Kevern (half backs); H. J. Spon, E. H. Van Someren, F. J. Steward, H. Pern, R. Falwasser, D. Rice, — Mottram, H. A. Moffat, and H. Rygate (forwards).

GUY'S 2nd XV. v. WICKHAM PARK 2nd XV.

On October 15th. Having won "the toss," we elected to play up hill, and very soon after kick-off scored our first and last try, which Rice converted. Rice very nearly scored twice from the field, from a mark by W. M. Price, and from a free kick, both difficult shots. Despite our greatly inferior weight, we compelled our opponents to play on the defensive nearly the whole game, and though very nearly getting in on several occasions, the game closed with no addition to the score, leaving us victors by 1 goal (5) to nil. Our team was as follows:—

C. Walling (back), A. Perks, H. T. Hicks, E. H. Van Someren (three-quarter backs), G. T. Kevern, W. M. Price (half backs), F. J. Steward, H. A. Moffat, Mottram, H. Pern, S. Batchelor, D. Rice, R. Falwasser, R. Lawton, H. Rygate (forwards).

Hicks played remarkably well, and his kicks were very useful. Walling at back also tackled very cleanly. The forwards all played up well, but ought to use their feet more, and in heeling out do so cleanly and quickly, so that their opponent's halves have not time to get round.

ASSOCIATION FOOTBALL.

GUY'S v. EASTBOURNE.

On Saturday, 15th, Guy's undertook the long journey down to Eastbourne. Arriving there about 12 o'clock, there was time to have a look round this lovely sea-side place before lunch, which was then discussed at the Geldridge Hotel. Soon after we wended our way to the prettily situated Saffrons, and, having been duly photographed, we commenced play.

The day was splendid and the ground in fair condition, though it cut up rather badly. In the first half, the game was pretty even but slightly in favour of Eastbourne who scored 2 goals to love. In the second half-time we woke up, and our forwards, by some very pretty combination, put on 2 goals in the first quarter of an hour. Then, unluckily, Sharp, who was playing very well at centre half-back, strained his thigh and had to retire, and Eastbourne, playing up with renewed vigour, scored six times—two if not three of these goals looked decidedly "off-side." The whistle then blew, and we retired beaten 8 goals to 2.

Criticising the game, one might say that our opponents had the advantage of being in better condition and of knowing the ground well—the latter was rather bigger than the ordinary run of grounds, which, perhaps, accounted for our passing being too short at first.

Our forwards, as a whole, played well, and that is saying a good deal, as Eastbourne's defence was exceedingly good. Our halves worked very hard, Hewetson in particular being indefatigable. Both backs played well against very smart forwards. Our goal keeper saved some very hot shots, but appeared to be very annoyed at his appeals against the off-side goals not being taken any notice of by the Referee.

After the match, that popular old Guy's man, Tim Holman gave us tea, and later on an excellent dinner, after which we caught the 9.30 train back to town in the best of spirits (in spite of our defeat) after so enjoyable a day.

GUY'S 2nd XI v. BARNES 2nd XI.

Played at Barnes October 15th, and resulted in a draw, no goals being scored on either side. We had the best of the game, which was practically in the Barnes half all the time, but suffered from the fact that we only played four forwards, one of the men failing to turn up. Pendred at centre forward showed up for the Hospital, the halves also being very good.

Marriage.

BEARDSLEY—WADDINGTON.—On October 6th, at St. Paul's Church. Grange-over-Sands, by the Rev. Canon Cooper, Richard Henry Beardsley, L.R.C.P., L.R.C.S.E., etc., to Margaret (Mrs. W. E.) Waddington.

Notice.

All Communications, Articles, Letters, Notices, and Books for Review, should be forwarded, accompanied with the name of the sender, to the Editor, GUY'S HOSPITAL GAZETTE, *Guy's Hospital, S.E.*

The annual subscription to the GAZETTE *is 6/6, post free 7/6. All financial communications, as well as subscriptions, should be sent to the Financial Editor,* Mr. C. H. WELLS, MEDICAL OFFICE, GUY'S HOSPITAL.

Any of our Subscribers, who may be desirous of having their numbers of the GAZETTE *for 1891 bound, should leave them with the Librarian as soon as possible.*

The charge for binding in blue, with the Arms of the Hospital in gold, will be ONE SHILLING *and* SIXPENCE.

Guy's Hospital Gazette,

NOVEMBER 5, 1892.

NOTES ON A LECTURE BY MR. HOWSE ON PULPY DISEASE OF THE HIP-JOINT.

Who has not been puzzled to remember whether apparent lengthening precedes or follows apparent shortening in the early stages of hip disease; and, forsooth, the reasons for the subsequent actual shortening are not likely to occur spontaneously to the candidate up for for his final College. So, for future use, the causes producing actual shortening are—

I. Pulpy disease of the synovial membrane lining the joint. In regard to this low form of inflammation known as pulpy, it was pointed out that it differed from ordinary granulation tissue, in that there was an absence of hyperæmia and a decided tendency to interference with the nutrition of the part, and consequently with its subsequent growth. The pulpy material infiltrated the synovial membrane, and also the fibre tissue, more especially about the neck of the femur. It thus interfered with the large blood-vessels passing into the cancellous tissue of the bone in this region, diminishing the amount of blood available for the nutrition of growth of the bone. Hence the *want of growth* of the neck of the femur. Occasionally also the same factor would be the cause of *atrophic changes* in this region. This factor would, of course, only operate before the bones had fully developed, and would account for degrees of shortening up to half an inch.

II. Absorption and erosion of the cartilages over the head of the bone and the acetabulum.

The cartilage becomes less firmly attached to the subjacent bone; it can readily be stripped from it; it loses its white glistening appearance and becomes bluish in colour; its attached surface is pitted, being eroded by the sprouting granulations springing from the underlying bone. The amount of shortening produced by the absorption of the cartilages from both the head of the femur and the acetabulum would amount to between one-quarter and one-half of an inch. The clinical test for the total disappearance of the cartilages from the articular surfaces, is the presence of grating felt by applying one hand over the joint while passively moving the limb with the other hand.

III. Attrition of the denuded head. This would be caused by the grinding-down of the opposite bare bones in locomotion.

Causes I. and II. often operate together in producing shortening, and sometimes cause III. is superadded.

IV. Dislocation of the head of the femur, generally on to the dorsum ilii. The greater frequency of this dislocation is explained by the fact that the capsule is weakest below and behind, and it consequently gives first in this situation. The effect of this dislocation on to the dorsum ilii would present a different appearance, according to the age of the patient. Thus, in the young, the neck being scarcely developed, no additional room would be gained by converting the normal axis passing from the head of the femur to the great trochanter into an antero-posterior one. The leg, therefore, is everted, being in the position of greatest relaxation of the ligaments. This becomes even more

strikingly the case where erosion of the head and neck has still further shortened these parts. In the adult, on the contrary, the side to side measurement of the neck of the femur being less than the above axis, owing to the development of the neck by the contraction of the muscles situated on the outer side of the joint, the neck is forced into an antero-posterior position, with resulting adduction and inversion of the leg and foot.

The symptoms of hip-joint trouble will, of course, depend on the advance of the disease, and in forming an estimation of the extent of the mischief, the previous duration of the affliction, as well as the care bestowed on the patient, must be carefully considered. Thus, among the wealthier classes, whose children are less likely to be neglected, the advance of the disease will be actually much less in the same period of time than in the children of the poor.

The various degrees of development and corresponding suitable treatment for such degrees, were instanced by cases in the wards.

No. 6 Naaman. Treated by rest in a double Bryant. Left hip stiff and slightly painful. Patient cannot button his boots. There is no deformity. No lordosis when patient lies in bed, even on extending the limb. Disease probably recent. There is no tilting of the pelvis; no marked external rotation; no sinuses or abscess. There is one-half inch shortening of the limb.

No. 3 Naaman was cited as a rather remarkable case, for although of long duration, there were very few signs of hip trouble. History—Seven years previously patient had a pain in the left hip. Patient contracted measles, and was confined to bed for several weeks; this rest seems to have temporarily cured him. Two years subsequently pain recurred with stiffness and lameness. On admission—Left limb is longer than the right by three-quarters of an inch. There is no fulness in groin. Pressure on the femoral artery or on capsule behind causes him no pain. Six months after admission, a fluctuating swelling was noticed in the left iliac fossa above Poupart's ligament. This was opened, and three ounces of pus escaped. The abscess was found to communicate with a caseous hole in the front wall of the acetabulum, into which the finger could be inserted. The case was therefore one of caseous osteitis of the acetabulum, which had spread secondarily to the hip-joint. A week later the head was excised below the trochanters, and with subsequent scrapings the patient recovered. The acetabulum was found much diseased, and its upper border had disppeared.

No. 19 Charity. Little girl, aged 9, admitted for pain and swelling in the right hip. Two years ago she fell down some steps and injured her right hip. Limped, and had pain since. Ten months ago patient became worse, and her mother noticed prominence of the right hip. Condition on admission—Right hip swollen and very tender, no redness or fluctuation, hip flexed, thigh adducted, pelvis raised on affected side, well marked lordosis. There is about two inches apparent shortening, but no real diminution in the length of the limb. The head of the femur was excised, the cartilage covering the head could be easily stripped from the underlying bone. A ring of pulpy granulations was found surrounding the neck.

The indications for amputation at hip (Furneaux Jordan) were next considered.

1. When an excision has been performed and failed to stop suppuration, the patient's health is giving way, and there are persistent sinuses about the joint.

2. Lardaceous degeneration of the viscera, as evidenced by enlargement of the liver, albuminuria, &c.

3. A flail joint from removal of too much bone by excision.

4. When the patient is steadily losing ground after excision, and it is evident that he has not enough repairing power. This is especially indicated in commencing tubercular trouble in the lungs. Slight phthisis is no bar to the operation, and in fact is frequently stopped by the altered state of nutrition induced by the amputation. *(To be continued.)*

NOTES OF A CLINICAL LECTURE BY MR. DURHAM ON INJURIES TO THE URETHRA.

It does occur occasionally in women, as evidenced by a case in the Wards of a woman who sustained an injury to the vagina by falling on one of the upturned legs of a stool. The chief symptom was retention with overflow of urine. It is, however, commonest in men, and it is on the male urethra that I intend to deal with particularly, the urethral canal in the female being, from its position, very little liable to injury from external violence.

The Male Urethra.

Any part, except the prostatic portion, may be injured by external violence; but most commonly the seat of injury is the sub-pubic portion, which must be understood to mean that part comprising the bulbous with the membranous portion.

The Prostatic portion is, however, though very rarely, injured by blows and the like, yet is unfortunately often made the seat of sinuses and false passages by the unskilful passing of a catheter.

The Penile portion is injured occasionally. Cases were given:—1. Where a groom was lifted up by a horse's teeth fastened on the extreme end of the glans. 2. A valet, on shutting a drawer, carelessly lacerated the penile portion.

These wounds, Mr. Durham said, should be exposed by a clean incision through the lower surface of the penis and allowed to granulate.

The Sub-Pubic portion.—These injuries may be classified as to whether (1) they are the result of laceration by the neighbouring boney structures, as in fractured pelvis, or (2) the result of a direct blow on the perinæum.

1. *Those associated with Fractured Pelvis.*

These are usually due to injury by the falling of a heavy weight. They are, as a rule, complete, *i.e.*, the urethra is completely torn across, or they may be incomplete, in which case the laceration is usually on the upper surface, and is usually placed a little further back than when due to a direct perineal injury.

2. *Those due to a blow on the Perinæum.*

A boy walking on a rail, he slips and falls astride of the rail; a man working on the top of a wall or wheeling a wheel-barrow on a plank, a false step, and he is sitting astride of the plank or wall, and a ruptured urethra is often the result; a sailor manning the yards, or a rider bumping awkwardly on the pummel of the saddle; these are a few of the accidents likely to give rise to a ruptured or lacerated urethra.

The usual position for the laceration in these cases, if indeed the urethra be not completely torn across, as is likely, is on the lower surface and a little in front of or through the triangular ligament.

The importance of the position of the laceration in these two sets of cases, is that it determines the advisability in passing a catheter, of guiding it along the roof or the floor of the injured portion.

Nature of Injury.

Bruising.—There is no actual tearing; it is usually accompanied with extravasation of blood.

The symptoms are:—The history of the injury, swelling about the part, pain. There is often no blood passed at first. There may be retention, or there may not. If catheterism is possible it should be carefully done, and a soft catheter should be used.

Laceration not complete.

Symptoms are:—Ecchymosis, pain, bleeding from the urethra, retention of urine (partial or complete). Catheterism is difficult, but possible, with care; a soft catheter should be carefully guided in, if possible; and if not, another trial should be made with the aid of a stilette.

Laceration complete.

The ends may be widely separated, and the posterior end may be difficult to find.

Symptoms:—Catheterism is impossible. There is absolute retention of urine, bleeding from the urethra, and extravasation of urine.

Results and dangers.

A permanent stricture is certain to result, the tractability of which is, to a certain extent, dependent on whether primary union can be obtained on pulling the two ends of the torn urethra into opposition.

Other dangers are abscess, fistulæ and extravasation, all of which are dependent on the resulting stricture.

Treatment.

If not Ruptured.—Palliative treatment may be tried, but the patient may get worse during the first few days, and recovery still be possible without rupture, or rupture may take place.

Warm anodyne fomentations, and opium internally, are of value; but if rupture does take place, much risk is avoided by an early and complete operation.

If Ruptured partially.—The object is, if possible, to prevent extravasation by immediate passage and retention of a catheter, but even then some urine will almost certainly come away by the side of the catheter and exude into the tissues of the perinæum. If extravasation has already taken place, or if it takes place subsequent to the passage of the catheter, operation is unavoidable, and must be adequate.

If Ruptured completely.—You should operate at once, to prevent extravasation into the damaged tissues. A staff should be passed as far as it will go, and being held in by an assistant, should be used as a guide to finding the urethra. A median perineal incision should then be made, cutting down directly on to the staff, or dissecting the parts till the urethra is exposed. The incision should be large enough to give plenty of room. The anterior part of the urethra is easily found by means of the staff. The posterior part is often very difficult, and sometimes impossible, to find. A good way to explore it is to pass the forefinger into the rectum and press downwards and upwards the prostate, when the position of the posterior end may sometimes be made out.

If possible, suture the cut ends on a catheter passed right through the penile portion into the bladder, the ends of the stitches being left long and hanging out of the perineal wound, which is left unclosed to granulate. The catheter should be left in for a week at a time, and changed. This treatment should go on for some weeks; but under the most favourable circumstances a traumatic stricture is certain to result, and a traumatic stricture is always the tightest and most intractable stricture of all.

If the posterior end of the urethra is not found, the operation must be left uncompleted, adequate drainage being allowed by the perineal wound.

EMPYEMA BETWEEN THE LUNG AND THE ANTERIOR MEDIASTINUM.

Since interest has been aroused in diaphragmatic empyema, it may not be out of place to draw attention to plural abscess in another situation—namely, between the lung and the anterior mediastinum. I have seen post-mortem examinations on two cases in that position, and in both the greater part of the abscess-cavity lay above the heart on the inner side of the lung.

The following is a brief summary of the leading points of a case in a child, æt. 14 months, that died at the Waterloo Bridge Road Hospital for Children and Women. It was admitted with localized empyema over the left lower lobe, that apparently had been set up by pneumonia, the crisis of which did not occur until the day after admission.

Three weeks after the fall of temperature the empyema was opened. The child did not progress satisfactorily, and for the first few days after the operation the temperature every night was 102 or 103°; pulse 160 to 180; respiration 80 to 90. On the fifth day there were signs in the chest, thought to be indicative of consolidation at the left apex, dulness, harsh, almost bronchial, breathing, with small sharp râles.

Examination over the site of the empyema showed nothing to account for the temperature; the resonance was nearly as good as at the opposite base, and weak, but normal, breath-sounds were audible.

Seven days after the temperature had gradually descended to 99·2°, and in another two or three days the number of respirations had fallen to an average of 50, and the pulse 130. The child at the same time seemed much better; used to sit up in bed, and take an interest in things in general. Dulness, however, remained over the two upper left spaces, the breath-sounds at the same time being almost absent.

Twelve days after the fall of the temperature, Dr. Richards, the resident Medical Officer, introduced an exploring needle into the second left space, and drew off pus. An incision was made into the chest at the same spot on the following day, and a drainage-tube introduced.

Two days before the second empyema was opened, the child lost its voice, and the breathing became noisy; and on the same afternoon as the operation severe dyspnœa, due to laryngeal obstruction, set in. Tracheotomy was performed, but two days after the child died from what was found to be diphtheria.

Abstract of autopsy.—Left lung everywhere firmly adherent to chest-wall, except at the outer end of the first and second intercostal spaces in front, where there was apparently a small localized empyema, which had been opened and a drainage-tube inserted. At the back of chest the adhesions were so firm, that behind, close to the spine, a long narrow strip of lung tissue was left behind.

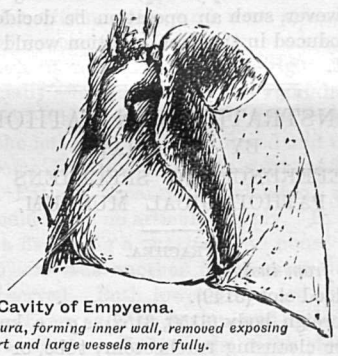
On removing the viscera from the chest, the lung maintained its size and shape. At the apex was apparently a small localized empyema, which, however, was found to extend downwards on the inner surface of lung as low as the junction of the upper and middle lobes. The empyema lay between the lung and the anterior mediastinum, below being in contact with the pericardium as far as the apex of the heart. Posteriorly, it did not quite reach the root of the lung, but ended about half-an-inch in front of a line drawn perpendicularly through it. In front it was limited by the anterior border of lung. Above, the empyema had travelled over the top of the lung, pressing the apex downwards and backwards, where it lay on a level with the third rib. A strong sac surrounded the cavity, which separated easily from the chest-wall, and was only opened, as before mentioned, at one spot. It was lined throughout by a thick layer of lymph.

There were no signs of tubercle anywhere. Kidneys, liver and heart healthy, but spleen enlarged.

The immediate cause of death was membranous laryngitis.

Whether the second empyema originated primarily as a pleurisy or was secondary to an attack of pneumonia was not quite clear. The child being enveloped in surgical dressings, the development of the physical signs was not so carefully noted as it would otherwise have been. The harsh—almost bronchial—breathing and fine sharp râles at first suggest consolidation, but do not exclude fluid.

Diagram showing Cavity of Empyema.



Cavity of Empyema.

Portion of pleura, forming inner wall, removed exposing heart and large vessels more fully.

A glance at the diagram will show that the lower portion of the empyema would give dulness continuous with the cardiac dulness, and simulate fluid in the pericardium. This was not noticed clinically, perhaps for the same reason as that mentioned above.

The other case was in a man, æt. 77, admitted to the Infirmary, East Dulwich Grove, for severe hæmoptysis. Nothing was discovered in the chest, but a few small, rather sharp, râles at both bases.

The hæmoptysis ceased after being in two days. Two months after his breath and expectoration became fœtid, and gradually became more and more offensive.

After another lapse of two months, he had a rigor on three successive days. He quickly succumbed, dying four days after the first rigor.

At the post-mortem, on removing the sternum, an abscess-cavity, containing several ounces of offensive pus, was laid open. The cavity did not extend quite so far downwards as in the previous case, but appeared to lie mainly above the heart, in the left half of the anterior mediastinum, extending outwards about two inches to the left of the sternum.

More careful examination showed that the pus was not in the mediastinum, but in the pleural cavity.

Throughout both lungs there was dilatation of the bronchial tubes, and presumably inflammation in the wall of one of these had set up a septic pleurisy; but I cannot remember whether or not such a starting point was discovered.

On looking up the cases of empyema in the Medical Journals, the only mention I can find of the situation

having been noticed is in the abstract of a paper on "Varieties of Empyema," read by Dr. Churton, of Leeds, before the Medical Society, February 6, 1888. There it is merely stated: "A case of empyema on the inner surface of the left upper lobe, in a man, æt. 47, was described." Brief though the description is, the empyema evidently occupied a similar position to those above mentioned. Curiously enough, all three were on the left side—a point of some importance; since it seems to me that there is a possibility of pus in that situation being mistaken for fluid in the pericardium.

It is not likely, however, unless pericarditis were set up, that the patient would present symptoms that would lead to the advisability of aspiration being considered. Should, however, such an operation be decided upon, a needle introduced in the usual position would yield little or no result.

DEMONSTRATIONS IN PATHOLOGY,

BY DR. SHAW,

WITH REFERENCE TO SPECIMENS IN THE PATHOLOGICAL MUSEUM.

TRACHEA.

Obstruction from inside.

1. Blood clot (3149).
2. Foreign body (3150, 3152), *e.g.*, a knot of tape used for cleansing tracheotomy tube, or a lump of meat fixed in the bifurcation during vomiting after an anæsthetic.
3. False membrane *in situ* (3154), extending down into smallest visible air tubes; no membrane on fauces. Membranous cast from the interior of the trachea (3155).
4. Polypus (no specimen).
5. Caseous gland (no specimen).

Obstruction due to condition of the wall—stenosis or stricture.

1. Scald (3148).—The presence of a tracheotomy wound suggests that this may belong to the next class.
2. Following tracheotomy: (3146) shows two scars, one where the wound was, one where the lower end of the tube touched the wall; 3143 shows extensive ulceration set up by a rubber tube which had replaced the silver one on the fourth day; 3146A illustrates two causes why tube cannot be removed, the stricture caused by the operation, and the granulations in the opening.
3. Syphilis: (3164) following ulceration, with history of foul expectoration and coughing up of bits of cartilage. 3166A not preceded by ulceration.—Perichonditis may have set up a fibrous inflammation; such stenosis is often general and not local, so that tracheotomy does not relieve it.

Obstruction from external pressure.

1. Goître (3172).—Lateral pressure.
2. Aneurysm (3172A).—Saccular between innominate and left carotid. An attempt at tracheotomy resulted in death from venous hæmorrhage before the tube could be introduced into the much reduced trachea. A bud of decolorised clot projects through the tracheal wall into the passage.
3. Malignant growth in glands.
   Carcinoma (3173).
   Sarcoma (3174, 3175).
   Starting in œsophagus (3183). Sq. epithelioma rarely causes sufficient tumour to obstruct the trachea.

Injuries.—Rarely injured by violence.
Torn across in an accident on a barge (3140).
Frequently in cut throat (3008).
Perforated by a clamp left on the pedicle of a thyroid tumour after removal of the tumour.

After tracheotomy—

1. Ulceration (3142). From a rubber tube (3143). Opening the innominate artery (3144).
2. Stenosis v. Supra.

Inflammation accompanying either laryngitis or bronchitis.
Simple (3150) after measles.
Membranous v. supra.

Ulceration—

1. *Simple* (for this must not be mistaken P.M. digestion) v. Tracheotomy.
   Tracheo-œsophageal fistulæ (3157). Unexplained.
2. Tuberculous (3167, 3167B). No tendency to heal.
3. Syphilitic (3161), causing stenosis.

Results of Ulceration.

1. Tracheo-œsophageal fistulæ with broncho-pneumonia may follow; simple ulcer (?) (3157) Syphilis (3160); growth (3160A). In 3159 the openings were supposed to have been congenital; but this is extremely improbable.
2. Opening of aorta (3162); syphilitic.
3. Broncho-pneumonia (3158).
4. Stenosis v. supra.
5. Ossification of cartilage.—Expectorated (3168); causing deformity (3169); bony growth (3171).

THE BRONCHI.

Conditions resulting in obstruction of bronchi—

A. General: membranous and plastic bronchitis v. inf.

B. Local—

1. The cause being within the tubes. Foreign bodies nearly always in right bronchus, as the septum between the bronchi is to the left of the middle of the trachea. A case of foreign body in the left bronchus was recently under Mr. Symonds. Associated with broncho-pneumonia (3201); bronchiectasis (3203); bronchiectasis and empyema (3204),
2. The cause being in the wall.—Stenosis preceded by ulceration nearly always syphilitic (3228, 3229); but simple ulceration set up by foreign bodies is a conceivable cause; as also is tubercle. Stenosis not preceded by ulceration, also syphilitic (3230). Both bronchi were affected in 3231, 3232.
3. The cause being outside the wall.—Caseous glands (3234, 3235); aneuryism (3236). Growth.—Carcinoma, primary in bronchi (no specimens in our

Museum). Sarcoma of mediastinal glands compressing the bronchi (3239); invading them (3237, 3238).

Bronchitis.

Acute.—Recognised partly by colour, though this is not peculiar to this condition, partly by exudation of pus on pressure.

Chronic.—Showing longitudinal striæ (3213)

Membranous.—Hollow casts of tubes (3206, 3208).

Plastic.—Solid casts of tubes (3210, 3211). First described by Fagge. Similar casts of the smaller tubes are found in pneumonia (3209), but are perhaps never coughed up; and in hæmorrhage into tubes when patient is too weak to cough it up (3212).

Results of Bronchitis.

Dilatation set up by softening of tube walls from inflammation, and increased air pressure within, or traction (of cicatrices or fibroid change) from without.

a. Localised.—Obscure (3217, 3218). Due to pleural adhesions (3223). After empyema (3223), the lung tissue failing to expand after absorption of the compressing fluid. At apex from phthisical scarring and contraction of lung tissue (3219, 3222). After obstruction by foreign body (3204).

b. General.—Unexplained (3224). Bronchitis (3226). General fibroid change (3308).

Ruptured Bronchi.

A rare accident (3205A).

A CASE OF GENERAL ATROPHY OF THE BRAIN IN A GIRL.

R.C., aet. 19, was admitted Sept. 20th, 1891, for progressive mental failure associated with loss of muscular power.

She was an orphan, her mother having died of cancer, her father of phthisis. A sister had been in an asylum for some mental affection. The particulars which I have been able to gather of her former history are meagre, but though, perhaps, her intellectual powers were always below the average, she had until recently, been attending school and had received some share of education. I have been unable to gain any history of former illnesses, nor anything indicating the origin of her disorder which appears to have developed gradually and insidiously.

When admitted she was well nourished and showed signs of intelligence above the ordinary standard of imbecility, though there was evidence of a failure of mental powers.

She answered questions with fair intelligence, but her power of attention was very small. She often asserted her happiness and contentment, was light and frivolous in her manner, and occasionally quoted French phrases learned at school. Her gait was a little unsteady, and frequently, her legs giving way beneath her, she fell to the ground. There was some suspicion of pulmonary disease for which she was treated.

Her condition remained much the same until Nov. 15th, when she suddenly dropped to the ground, losing consciousness for a short time. These fits were marked by no convulsive movements. They were repeated two or three times during a few hours, and in the intervals there was vomiting.

After this her condition was dull and apathetic until on the evening of Nov. 20th, when she had a violent epileptiform convulsion. In the afternoon, some hours before the fit, there was noticed lateral deviation of the eyes to the right, and some nystagmus accompanied by increasing mental dulness. The convulsions lasted continuously for fifty minutes, and were attended by complete loss of consciousness. Clonic movements began and were throughout most marked on the right side, the arm being specially affected. There was right lateral deviation of head and eyes. The left arm was much less affected; the left lower limb was flexed and rigid.

21st. Some deviation of eyes to right, and right facial paralysis. Patient apparently understood all that was said but could make no articulate reply. In the evening there was a fit lasting a quarter of an hour.

22nd. There was another fit of short duration, the last one observed. Both lower limbs are now drawn up and rigid. There is also flexion and rigidity of upper extremities, most marked on the right side. There is slight drawing of mouth to left side. Abdomen hard and contracted. The facial paralysis and the lateral deviation of the eyes soon wore off, and spasm of the muscles of the face and forehead gave rise to an appearance somewhat like the *risus sardonicus* of tetanus. At this time the temperature, from 100° to 101° during the period of convulsions, had become normal. No vomiting. Patient occasionally puts left hand to head as though suffering from headache. Rigidity and flexion of limbs and trunk persisted until death. Speech was never possible and the intelligence, though for a time seeming to improve, became at last progressively diminished. No paralysis, except the facial above mentioned, was found, and there was never any squint.

About Dec. 20th there was dysphagia, which became gradually worse for about ten days, and then rather quickly cleared up. The patient's condition remained about the same until two or three days before death, when respiration became embarrassed, with short, shallow and irregular inspirations. On Jan. 20th the patient quietly died, a little more than nine weeks later than the onset of her more urgent symptoms.

Autopsy.—An examination of the brain alone was made. The dura mater was not thickened, and was rather loosely adherent to a skull of normal thickness. The arachnoid was loosely applied to the brain, which was retracted from the skull. The arachnoid fluid was in excess; the pia mater was engorged with blood. The convolutions were very well marked and the fissures deep. The cerebral substance was firm and hard throughout, and the brain could be thrown like a ball

from hand to hand without injury. The lateral ventricles were much expanded, with granular ependyma, and filled with fluid. The third ventricle and the iter were expanded, and the foramen of Monro dilated to a diameter of nearly a third of an inch. The optic thalami and corpus striatum were somewhat flattened. Beyond the above general changes there was no local condition found, and nothing was seen which might in any way account for some of the symptoms, which seemed to be of localizing value.

This case is of interest from its rarity and the peculiar train of symptoms which attended it. The latter will call to mind many of the symptoms, early and late, of "general paralysis of the insane," the whole series running their course rapidly to the end. The rapid intellectual decay, and the swift passage through convulsions to complete dementia and death, were very striking.

F. W. HALL.

Eastern Counties Asylum,
Colchester.

AN ANOMALOUS CASE OF DYSPNŒA RELIEVED BY INTUBATION.

Mary W., 22, admitted into Miriam for urgent dyspnœa on September 6th, 1892. No history of consumption, syphilis or diphtheria.

Present illness began on September 2nd, 1892, when patient got wet and felt ill and sick in the evening. On the next day she had pains all over her body, especially in larger joints; also red lumps appeared on body and limbs. The lumps varied in size (according to patient's account) from peas to filberts. They caused a good deal of itching. On September 4th the lumps and pains were in same condition, but she felt a slight stiffness in throat and pain on swallowing solid food in the morning. In the evening she lost her voice and had great difficulty in breathing, but pains in body and lumps were disappearing. On September 5th, patient was in same condition as regards loss of voice and difficulty of breathing, but the lumps and pains in limbs and body had disappeared. On September 6th, patient was sent to the Hospital.

On admission.—Patient looked anxious and distressed, and was breathing with great difficulty. Respirations, 20 per minute, consisted of a long inspiratory gasp, accompanied by a loud laryngeal stridor, and a short expiratory effort. There was a good deal of sucking in of the lower intercostal and supra-clavicular spaces. There was very little entry of air into lungs. Patient was not cyanosed. Temperature normal. Pulse 120, rather feeble. Respiration 20.

Laryngoscopic examination. — The true vocal cords were in contact except at their posterior ends, where there was a very small triangular opening. The cords did not move in the least with respirations or phonation. There were no signs of inflammation in larynx or pharynx.

Patient is able to talk a little in a faint hoarse whisper. An hour after admission, patient was in greater distress and difficulty of breathing increased. A large O'Dwyer's tube was passed into larynx, and the dyspnœa was at once relieved. The presence of tube annoyed patient a little, but she was much more comfortable. Better entry of air into lungs.

7th. Patient comfortable and has slept pretty well. Patient is fed by means of a nasal tube, as when she attempts to swallow a violent spasm is set up. The O'Dwyer's tube seems to be in good position. It was taken out this afternoon, and patient could breath comfortably after its removal. It was not replaced. On examination, the true cords were in contact at the anterior third, the posterior two-thirds diverged forming a fair-sized triangular opening. The cords did not move in the least. They were slightly more swollen and red than on the day before.

8th. Breathing comfortably. Faint laryngeal stridor. Cords not in contact at any point. The opening between them is oval and small. They are immobile. The true and false cords are more red and swollen. Patient is now able to swallow a little milk.

℞ Boracis ʒiss.
Acidi borici ʒss.
Li. iodi. ʒss.
Liq. morph. hyd. ʒi.
Aquam ad ʒviii. ʒss. omni hora in spray.

9th. No change in larynx. Patient breathes comfortably. Her voice is stronger but very hoarse. She has a croupy cough. Good entry of air into lungs.

10th. Voice less hoarse. Cough better. Patient is able to swallow without difficulty. Vocal cords are beginning to move a little, the right cord slightly better than left. There is a good opening between the cords.

12th. Vocal cords move freely. The mucous membrane of larynx presents a normal appearance. Voice strong and almost clear, occasional croupy cough.

Patient was kept in the Hospital till September 29th, but nothing further of importance developed. She went out quite well.

J. D. T.

PASS LIST.

UNIVERSITY OF DURHAM.

September, 1892.

SECOND EXAMINATION FOR THE DEGREE OF BACHELOR IN MEDICINE.

Miller, W. F. Rowland, F. W.

FIRST EXAMINATION FOR THE DEGREE OF BACHELOR IN MEDICINE.

CHEMISTRY WITH CHEMICAL PHYSICS, AND BOTANY WITH MEDICAL BOTANY.

Pakes, W. C. Poole, T. B.

CHEMISTRY WITH CHEMICAL PHYSICS.

Beven, O.

Hospital News.

IN THE WARDS.

Under Dr. Pye-Smith.

E.K., 38, admitted Aug. 13th, for swelling in abdomen. Beginning of last June, pain near umbilicus, and a lump, at first freely movable, then the "lump and pain" went to her right side, and stayed there; this continued till about the middle of July, and then patient suffered from vomiting after every meal. In addition, patient suffered from diarrhœa and abdominal pain. Vomiting and diarrhœa well in a week; no hæmatemesis. After birth of last child great abdominal pain and vaginal discharge. On admission: there is globular swelling, which can be covered by the hand, filling up the right side of the epigastrium, and bulging the cartilage of the ribs; dull, no fluctuation; sharp pricking pain in it. Urine: no albuminuria, no blood, some bile. The abdomen gradually became distended, the skin over it dry and glazed, and the superficial veins large; also pain in right side increased. On October 10th, patient was tapped, and 8 pints of yellowish blood-stained fluid drawn off; this did not give her much relief. Abdomen again became distended. On 20th, became unconscious. 21st, 2 pints drawn off. Patient never recovered consciousness, and died on the 22nd. Autopsy: Liver very much enlarged, and large mass of soft growth generally diffused; the growth pressed on portal vein and bile-ducts, and caused distended gall-bladder and dilated bile-duct. Pancreas: large mass of encephaloid cancer in head of pancreas.

Under Mr. Lucas.

Job 22.—W. P., æt. 50. Acute hydrocele following injury. Fell across a timber eleven weeks ago, striking his testicle, and causing sickening pain. A week later the left side of the scrotum was found to be swelling. On October 22nd the swelling was tapped, but the fluid quickly collected again. On admission, October 26th, a tense translucent fluid swelling, size of orange, was found. This diminished in size after rest in bed, and on 31st fluctuation could only be felt over part of the testicle in front; the testicle was enlarged to quite double the size of the other, and is firm and hard; the epididymis is enlarged and the cord thickened. A trocar was put in and a drachm of fluid removed, five per cent. cocaine ʒii. run in through the cannula and then allowed to run out. Patient was faint and in great pain, and had a feeble pulse for some hours after. Had syphilis twenty years ago.

Charity 22.—Compound ganglion. Swelling in palm two years ago, treated unsuccessfully with splints and glycerine and belladonna. Soon she observed that pressure on palm produced a swelling above wrist. Has never been rid of the trouble since. On admission, there is a swelling as big as a hen's egg, the lower margin of which is quite two inches above the wrist-joint; the skin over it has been made to ulcerate with poultices. The palm is swollen too, but there is no fluctuation obtainable from here to the other swelling. October 21st: both swellings were opened; in the upper one was found pus and some melon-seed bodies; in the lower, melon-seed bodies and no pus.

Lydia 11.—G. T., 33, married. Periodic attacks of pain in left side, began 15 years ago and occurred every month at first and later every fortnight (sometimes connected with periods, but often not) till marriage, two years ago. They were accompanied by vomiting, and were very severe, lasting about 29 hours. Two months after confinement, 1 and 2 last August, another more violent attack occurred—the first for two years—which lasted for a week, and left her unable to lie on her left side. Now, for the first time, a tumour was found in the left loin, which moves forwards when she sits up, feels loose to the patient, and can be recognized as fluctuating on palpation. A week after the pain left her, hæmaturia came on for the first time in her life and lasted a week. Micturition has never been painful nor frequent, but she says she used often to foretel the attacks of pain by an increase in the quantity of urine (? frequent micturition). Urine contains trace of albumen. Urea about 200 grs. daily, lately rather more; acid, sp. gr. 1009—1016. No crystals. Grandfather and great-uncle died of kidney disease.

Lydia 15.—A. B., 1 year 10 months. Burns on forearm and face 5 days before admission. Admitted with a bright-red raised confluent papular rash on limbs and a duller brownish raised papular rash on chest and abdomen, which appeared on the third day after burns. Temp. 101·6°. Sore throat. ? Scarlet fever. ? Burn rash. The rash appeared first on the burnt arm, then on the other arm, then on the thighs, afterwards spread to trunk. Transferred to Patience.

Lydia 16.—H. H. S. fell out of bed, 3 feet, striking his head on the floor four months ago, without being awakened by the fall. No bruising, no swelling, nor any after effects at all were noticed at the time. Three weeks later complained of great pain in head, began to vomit frequently, and became stupid and dull. The sickness was every three or four days, and the pain, which was referred to the top of the head, frequently stopped for an hour. At this time was first noticed a swelling on right side of head. A week after beginning of pain a violent attack of pain was followed by a fit in which the left leg suddenly became stiff so that he could not move it. Three weeks later another fit, the face being suddenly turned to the left, and the left arm and leg being suddenly stiffened. Three weeks later another fit, exactly like the last. Meanwhile, there was gradually increasing dulness and failure of memory, with giddiness, and latterly pain in left arm, incontinence of urine and sometimes fæces. Sight affected first three weeks before admission, now almost blind, pupils widely dilated, retinæ white, in moss-like patches, across which vessels

run on which hæmorrhages are seen. A squint (internal) was noticed in left eye before admission, but is now not present. Head has been getting large, and a tracing shows a marked bulge over the front of the right temporal fossa. Lies very quiet, answers questions slowly and deliberately, sings sometimes, and seems to be in no pain, except every now and then, when he will cry out suddenly. Frequently moves right arm and leg, and can move left arm and leg when told to, but does so spontaneously, very seldom. Left knee-jerk exaggerated, no clonus. Plantar reflex just present. On October 21 Mr. Lucas trephined him over the bulging part on right side of head, exposing very tense pulsating dura mater, but no cause for symptoms. On October 31 the left leg is held out spastically straight, the right being flexed.

UNDER DR. TAYLOR.

MIRIAM 18.—Purpura simplex. E. B., 10. Slight history of hæmophilia, otherwise in good health up to day after admission, when she came out in the "spots." On admission—A large number of petechiæ were found scattered all over the body, most thickly on front of chest, shoulders and arms. The largest were not more than $\frac{1}{8}$th of an inch in diameter; in colour they varied from a dark red to a deep purple, almost black. In addition to the petechiæ, there were several dark bluish-green bruises, and a little blood was oozing from the lips and gums. Three days after admission the spots began to fade, and have now entirely disappeared.

MIRIAM 22.—Potamophilia; first attack. History of drink and misplaced affections; discharged (? cured) three days after admission.

MIRIAM 22—Chronic pigmentation of skin. Leucoderma. M. L., 47. Eleven years' history of weakness; irritation of skin; occasional attacks of jaundice, pain and swelling of glands in neck. Skin began to get dark in colour eight years ago. When the "attacks" come on patient says her skin gets almost black. The leucodermic patches appeared on hands about three years ago. For past six years she has suffered from rheumatoid arthritis in interphalangeal joints of fingers. Skin is of a deep brown colour, with patches of deeper pigment on back and on forearms; palms of hands and soles of feet are free; white patches on backs of hands, on face and on legs; pustules on legs and face, enlarged glands in neck; liver enlarged.

JOHN 7.—Acute Bronchitis. W. J., 41. On admission (Oct. 24th) patient was very dyspnœic and cyanosed, both fine and large râles and rhonchi all over chest. Inhalations of oxygen relieved the dyspnœa and cyanosis, but patient was in great distress on going back to ordinary air. Tabellæ Nitro-glycerini were given without effect. Breathing grew worse, and patient died on Oct. 27th Temperature was never above 101°.

Messrs. Burroughs, Wellcome & Co. have applied their ingenious device of tabloids to photographic reagents, and we have seen excellent results from the use of their developing tabloids. Our Ward photographers, who often work in a hurry, will be likely to find them extremely convenient.

ELEMENTS OF HUMAN PHYSIOLOGY.

By ERNEST STARLING, M.D. Lond., M.R.C.P., Joint Lecturer on Physiology at Guy's Hospital.

London: J. & A. Churchill, 1892. Fcap. 8vo, pp. 446. [Student Guide Series.]

We must confess that, on first seeing this book, our feeling towards it was one of hostility, because we do not as a rule like small books on a large subject, and we feel that when there are several text-books on a subject, already in use, and which answer their purpose, it is not well to bring out another book to enter into a trade competition with them.

But on reading the book this feeling soon gave way to one of pleasure and welcome, for the whole work is so excellently written, and in such a fresh style, that it may certainly be ranked as original.

The author states in the preface, that the limits of space at his disposal precludes him from including Histology among the subjects considered, thus giving more space for Physiology proper.

In the introduction we meet with the old simile of the engine, and as a type of cell the amœba is described, and man as an aggregation of amœbæ which have undergone morphological and physiological differentiation; of course we have heard all this before, but it is very well and clearly told.

The simile of a stimulus to a gun-cap, and of the inogen substance to the gunpowder, seems to us peculiarly happy, and likely to arrest the attention of, and fix the facts on the memory of, the neophyte.

The first chapter introduces us to the whole range of physiology, and ends very optimistically with the statement that, "When we are fully acquainted with the laws and conditions of the activities of normal living structures, we shall be able to attack the problems of disease with a sure hope of success; for, knowing how the organism will react to all manner of circumstances, we shall be able to put it into an artificial environment which will counteract the effects of the previous abnormal environment, and so restore the organism to a healthy condition."

Chapter II. takes us over the chemical constituents of the body. Here we find Wooldridge's tissue fibrinogens included with hæmoglobin, nucleo-albumen and mucin in the class of conjugated proteids, lecithin being in some way conjugated with proteid in their composition.

Chapter III. is taken up with the discussion of the blood and lymph. Due notice is taken of Wooldridge's theory of coagulation, and it is gratifying to learn that Schmidt's present view of the subject almost coincides with Wooldridge's, only differing from the latter in looking on the leucocytes as furnishing one of the interacting proteids.

The theory that the red blood corpuscles are produced by a process of precipitation from the blood plasma, which was much favoured, and we believe originated, by Dr. Wooldridge, and which is supported by the fact that

in new-born animals the red blood discs seem to be formed by a simple process of deposition in a material destined to form the blood plasma, meets with favour from our author, who would, therefore, look upon "The scanty red nucleated corpuscles in the red marrow as mere fœtal relics, fossils from the time when the primitive animal used nucleated cells to carry oxygen to its tissues."

The stroma of the red corpuscles is stated to consist chiefly of globulin with small quantities of fats, lecithin and colestrin. Wooldridge used to teach that this substance was fibrinogen.

Much recent work on the lymph has been introduced, including Heidenhain's work on Lymphagogues. Lymph is formed, we learn, by a true secretory process of the endothelial cells lining the capillaries; since if sugar be injected into the jugular vein, and the lymph flowing from the thoracic duct be caught and analysed, the proportion of sugar in the lymph is soon found to exceed that in the blood; so that a process of osmosis cannot explain its passage through the vessel wall.

In Chapter IV., on the contractile tissues, we notice the mention of new work on the latent period of muscle. Recent experiments have tended more and more to shorten the latent period, so that it seems probable that nearly the whole period is due partly to instrumental and partly to mechanical inertia of the muscle itself.

There is a very suggestive section on page 126, in Chapter V. (Property of Nerve Fibres), concerning the nature of nervous impulse. If the wave of negativity is the nervous impulse, it follows, as a natural corollary, that the normal excitation of nerve fibres in the brain or at the periphery is also brought about by electrical means.

In Chapter VI., on the vascular mechanism, we meet with an explanation of the negative endocardial pressure which we have not before seen.

The causation of the percussion and tidal waves, which may also be seen in endocardial pressure tracings, is stated to be elastic vibrations of the aorta, and, perhaps, of the heart itself, started by a sudden increase of tension in their cavities.

A succinct account is given of the burning question of phagocytosis, which is looked upon as a normal process in the spleen, where the leucocytes purify the blood from foreign particles, micro-organisms, and effete red blood corpuscles.

The chapter on digestion (Chapter VII.) opens with an account of ferments and fermentation.

The antiseptic value of the Dil. HCl. in the stomach is emphasized by the fact that the cholera and typhoid germs are destroyed by the gastric juice.

It is shewn that, though the cells of the intestinal mucous membrane may make use of the physical processes of diffusion and osmosis, they can yet absorb substances in direct opposition to these laws, when by so doing they will render a service to the organism.

Head's recent experiments, shewing that distension of the lungs causes a stoppage of inspiration and production of expiration, while sucking air out of the lungs inhibits expiration and augments inspiration are described in Chapter VIII on Respiration.

The vitalistic, as opposed to the chemico-physical view of vital phenomena, is seen in a strikingly new relation, when the absorption of O and expulsion of CO_2 is ascribed to the absorptive and excretory activity of the cells lining the pulmonary alveoli; this is justified by the fact that while the tension of CO_2 in arterial blood is 2·8 per cent. in the air of the alveoli it is 3·5 per cent.

The ninth chapter deals with excretion, and here we have a description of Hopkins' new method for the quantitative estimation of uric acid.

The fate of food stuffs in the organism after their absorption is very clearly dealt with, by first considering the metabolism which goes on in a starving animal, then in one in a state of nitrogenous equilibrium, the reason for believing in a tissue and circulating proteid is given, the facts being diagrammatically illustrated by this scheme:—

Proteid of Food.
↓ ↓
Tissue Proteid. → Urea of Urine.

This leads to the consideration of the metabolism in an animal fed with a larger amount of proteid than is necessary to maintain nitrogenous equilibrium, and after that to the sparing effects of fat and carbohydrate on the proteid.

Diabetes is discussed in connection with the fate of glycogen. The severer cases of this disease are supposed to be caused by an inability of the organism to make use of sugar, absorbed from the ingesta or split off from the proteid. Perversion of the functions of the pancreas is regarded as a possible cause of this inability, since its excision in the dog leads to fatal diabetes. In connection with this we meet with the following pregnant sentence. "We thus see that we are far from having exhausted the functions of the pancreas when we have described its rôle in digestion; and it is possible that many organs of the body have similar mysterious, and at present undreamt of, parts to play in the complicated processes of the body, included under the term metabolism.

The discovery that the sensory impulses travel up the same side of the cord, recently made by Gotch, Horsley and Mott is given in the chapter on the spinal cord. We should have thought that the statement that this path is definitely proved was too strong, and that it remains to be seen whether it will oust the older view, which is backed up by a good deal of pathological and experimental evidence.

We commend the chapter on the brain, in which all the essential points seem to have been touched upon. The supposition that impulses passing along the olfactory nerve do not cross to the other side, does not agree with the pathological fact that lesions of the posterior part of the internal capsule, the "sensory crossways" of Charcot, causes loss of smell in the opposite nostril.

The last chapter deals with reproduction. Here we see reflected the modern view of the continuity of the germ plasma. The statement that "a process of the

internal hypoblastic layer of the embryo grows out, carrying with it fœtal blood-vessels, and extends so as to completely surround the embryo," is liable to give rise to misapprehension, as the hypoblastic layer of the allantois does not extend beyond the point where its mesoblastic layer fuses with the chorion primitivum.

We have only noticed a few clerical errors: p. 97, for "sac" *read* sec; p. 118, "chord," cord; p. 157, l. 29, "auricles," aorta; p. 218, l. 35, "gland," ganglion; p. 295, "uric acid," urine; p. 362, l. 31-2, "sympathetic," third nerve; p. 372, l. 23, "less," greater; p. 397, "denticularis," lenticularis.

We should think that the book contained quite sufficient to carry the student safely through the second conjoint, and we strongly advise all to get it who are beginning the study of physiology, and also those who are more senior, and want to "rub up" their knowledge and bring it up to date.

Physical Society.

The first Clinical Evening of the Session took place on Saturday 29th ult., under the presidency of Mr. H. E. Durham. Mr. Durham, who had been at considerable pains to collect interesting cases, was rewarded with an exceptionally good list, but, we are very sorry to have to say it, a most apathetic and spiritless discussion of them.

Mr. R. H. Fagge showed a case of Cerebral Tumour with typical retinal symptoms, which were examined by many members of the Society.

Mr. De Korté showed a curious case of double dislocation of the tibia forwards. The patient, 10 years old, created a sensation by walking along on the back of her calves with her femora erect, the only mode of progression of which she was capable. Some signs of anterior polyiomyelitis had been discovered, but the Society was inclined to think that this could not entirely account for the condition, as there was a history of a similar peculiarity in two other members of the family. The treatment had been suggested of excision of the knees and amputation at the ankles, but Mr. Howse had not given out what he should do.

A case of Hodgkins' disease was shown by Mr. Bridgwood, who referred to Dr. Sutton's distinction of two varieties of the disease; one, in which progressing lymph tumours are accompanied by enlarged glands, and the other in which they are accompanied by an enlargement of the spleen: in both the affection of liver and kidneys is identical, and there is leucocytosis.

Mr. Munro showed a case of tumour in the middle of the neck. The tumour, which moved on swallowing, was, he thought, a thyroid cyst, as it was connected with the thyroid isthmus. It had been noticed less than six months, and was now as big as a Tangerine orange. There was a history of mumps and swollen cervical glands, and some members were inclined to think that this might be a swollen gland, the fact that it moved on swallowing not proving the contrary.

Mr. Eyre showed a remarkable epithelioma of the forearm, almost encircling it at its widest part, in a paraffin refiner of 50. It had appeared as a small pimple, becoming warty eighteen months ago, and had grown rapidly only during the last six months. It was fungating in a remarkable manner in the centre, but at the edge presented typical papiliomatous structure overhanging its attachment to the skin by nearly an inch. It had formed so large a tumour that some were inclined to call it sarcomatous, although there were two enlarged axiliary glands. A fellow-workman had had a similar growth on a much smaller scale, and had it excised early enough to prevent serious consequences.

Mr. Hopkins showed a case of lymphatic overgrowth in a boy aged 10. The right side of the face and tongue were the parts affected. It had been pronounced to be a lymphangioma by the authorities at the College. It had just appeared shortly after birth, and had been subject to exacerbations with constitutional symptoms, high temperature, &c., every month or so, which were of an erysipelatous condition. Filaria had been looked for, but not found. The treatment had been hamamelidis applications to the tongue, which was to be supplemented by electrolysis. In support of the latter, Mr. H. M. Stewart quoted a case of Mr. Lane's closely resembling this, which had completely disappeared with vigorous electrolytic treatment.

Other cases were shown by Mr. McDonald, Mr. Eyre and Mr. Leathes, which there was not time to discuss.

GUY'S HOSPITAL RIFLE ASSOCIATION.

The Annual General Meeting of the above Association will be held on Tuesday, Nov. 8th, in the Chemical Theatre, at 4 p.m. All men interested in shooting, not necessarily rifle, are cordially invited.

MATCH.

GUY'S v. CHARING CROSS.

This Match took place on Tuesday, October 25th, with teams of four men from each Hospital. The weather was unfortunate, rain falling the whole time, but Guy's eventually won by 18 points. The highest scores were made by Luce (Guy's) and Walher (Charing Cross) respectively.

CALENDAR OF COMING EVENTS.

Nov. 5.—Meeting of Debating Society.
„ 10.—1st XV. v. Cambridge (A), at Cambridge.
„ 12.—Meeting of Physical Society, "Dental Caries," Mr. Sefton Sewill.
„ 12.—1st XV. v. Croydon, at Croydon.
„ 12.—1st XI. (Ass.) v. Luton, at Luton.
„ 19.—Meeting of Debating Society.
„ 19.—1st XV. v. Wickham Park, at Lee.
„ 19.—1st XI. v. Beckenham, at Beckenham.
„ 19.—2nd XV. v. Kensington II., at Wormwood Scrubs
„ 28.—Pathological evening, Physical Society.

Passim.

We are requested to remind the few Members of the Clubs' Union whose overdue Subscriptions are still unpaid that inexorable fate decrees that their names must be posted in the Club on Monday morning. A cheque by this evening's post will be just in time.

We have reason to believe that an arrangement made between the Council of the Clubs' Union and the Editors of the Gazette and of the Reports which we announced in the Summer has not been thoroughly understood, and as the time is approaching for the arrangement to be carried out, we will try to make it clearer. Life Membership of the Clubs' Union carries with it Life Membership of all the Constituent Institutions, except the Reports and Gazette, free copies of which are supplied to Life Members during a number of years, which varies according to the period of Studentship at which the composition fee is paid. To every Life Member there would therefore come a time when he would have to make his own arrangements with the Editors of these publications, to supply him with them. On January 1st, 1893, some four hundred old Guy's men, who paid a composition fee of one guinea, and received free copies of the Reports and Gazette during 1892, will be in this position. It is for the benefit of these members, and of the gradually increasing numbers who will, year by year, reach the same state of their membership, that the arrangement referred to has been made. Life Members of the Clubs' Union, who are no longer entitled to free Gazettes and Reports, will be supplied with both publications for one year, by payment in advance of twelve shillings and sixpence to the Treasurer of the Clubs' Union. Members who desire to avail themselves of this arrangement, should fill up the blank form they will find in the last number of the Gazette for 1892, and return it, together with their subscription, to Mr. C. H. Wells, at the Hospital.

We have received a copy of Burroughs, Wellcome & Co.'s "A B C Medical Diary and Visiting List for 1893." The whole is in pocket-book form, and makes an extremely compact, convenient and useful work, which should be almost indispensable to the medical practitioner.

It has been suggested to us that a calendar of coming events—scientific, social and sporting—published in the Gazette would prove of much service to both past and present Guy's men. We are only too happy to fall in with the suggestion, and in future we will endeavour to give an accurate list of the various fixtures arranged for the coming fortnight.

We would draw the attention of the Club Committee to the fireplace in the smoking room. The stone fender, which was repaired at the beginning of the session, is again a ruin, and though interesting to archæologists, presents a feature foreign to the general well-kept appearance of the Club. We would suggest the substitution of an iron or brass one.

The victory over Rosslyn Park has once more put the Rugby team on good terms with themselves and everybody else. Our forwards were again outweighted, but by smart play got the ball out quickly, and then the class of our outsides told. It is only by this style of play that we can hope to get the cup back, and with the new rules we should stand a real chance this year.

A gentleman has kindly sent us, in rhyme, a gentle protest against the eccentricities of some among us. There is a good deal of it, in more or less taste, but we cannot help sympathising with him and quoting that verse in which

he denounces the practice of reading "bones" in the smoking room.

"I do not ask thee, gentle youth, to brush your hair
or clean your collar,
Nor to augment your bill, in truth, for washing yearly
half-a-dollar,
I gather from your rancous tones you spurn the law
and scorn the truncheon,
But prithee do not bring your bones—to luncheon."

ANOTHER correspondent writes:—"Could not something be done to familiarise the ordinary student with the numerous and peculiar objects with which everything in medicine and surgery is constantly being compared. A 'boiled cow's udder' and 'a millet seed' conjure up nothing to my mind, and I am sure there are many who could say the same of other things. A collection which included damson-cheese, currant-juice, apple-jelly, a cauliflower and a mushroom or two would be much appreciated." We sympathise with our correspondent, and as times are hard and somebody has somewhere compared something in size to half-a-crown, we shall be happy if he can forward us this rare coin to make it the nucleus of a collection such as he suggests.

WE would draw the attention of our readers to the review of Dr. Starling's book on Physiology, which appears in this issue. There can be no doubt that for Students it is *the* book of the near future, for it makes the subject it treats of even more acceptable to the "ordinary" man than Mr. Treves has made Surgery in his romantic little book on "Applied Anatomy."

WE notice that a firm of druggists is now advertising that they supply "asepticized" iodoform. What a mockery! Perhaps the use of this new pharmaceutical product will forfend that suppuration which sometimes occurs under treatment with the common or garden (septic?) variety of the drug.

Now that men are using the cheap tickets to Honor Oak Park in large numbers, it may be well to mention again the terms upon which the Railway Company have granted the concession to the Council of the Union. Tickets must be presented at the Booking Office at London Bridge to be stamp-dated; they are only to be used by members of the Clubs' Union, and may by the members be given or sold to other members, but to no one else. They are not available at intermediate stations, nor in any but a third class carriage, and any member so attempting to use one of them will be treated as a passenger without a ticket at all. We are confident that no member of the Union will, by infringement of any of these conditions, give the Railway Company an excuse for withdrawing the privilege which the Council of the Union has, after considerable negotiation, obtained for its members.

FROM Messrs. Kegan Paul & Co.'s announcement list we see that a collection has been made, and will shortly be published, of Dr. Wooldridge's miscellaneous papers. The editors are Mr. Victor Horsley and Mr. Ernest Starling.

WE hear, too, that a translation of Metschnoff's work on "Phagosytosis" is being prepared by Mr. Starling. Both of these books will be much in request.

GUY'S HOSPITAL STUDENTS' CLUB.

The October General Meeting of the Students' Club was held in the Anatomical Theatre on Thursday, October 25th, at 2.30 p.m., Mr. Durham, President, in the Chair. The balance sheet for the past 17 months was presented, with a few explanatory remarks by the Treasurer, Mr. Symonds, and adopted.

On the motion of the Secretaries, Messrs. Fripp and Fagge, on behalf of the Committee, the following two slight alterations were made in the Rules—

(1.) Rule 3. (*a*) for "Senior-in-Charity" to read "President."

(2.) Rule 13. For "June" to read "March."

A CASE OF CONTRACTION OF SCARS AROUND THE ORBIT WITH ECTROPION, FOLLOWING A BURN. BLEPHAROPLASTY.

James M., 29, Gunner, R.A., was admitted under the care of Mr. Brailey into the Eye Wards, having been sent up by Dr. Osborn, of Dover.

On admission.—Patient, a strong, healthy man, is found to have scars of recent burns over the bridge and right side of nose, over the right temple, around the outer angle of the orbit, and over the lower part of the orbicularis. There is a longitudinal scar running along the upper eyelid, and a short, strong, vertical cicatricial band just outside the outer canthus. The upper lid is everted slightly at the inner half, but more so towards the outer half. It is markedly drawn up, especially at the outer canthus. Patient is able to close the eye, but complete eversion of the upper lid then takes place. The scars are not fixed to bone at any part. The cornea is clear except to its outer side, where it presents some superficial ulceration. Vision—R. E. $\frac{6}{36}$, L. E. $\frac{6}{6}$.

June 16th. Mr. Brailey having decided to operate, chloroform was administered. A longitudinal incision was then made along the course of the upper lid, about $\frac{1}{8}$th of an inch from its margin and about $1\frac{1}{2}$ inches in length. The flaps were then dissected for a slight distance upwards and downwards, the adhesions being at the same time separated, leaving an oval raw surface measuring about $\frac{7}{8}$ths of an inch from above downwards. The upper and lower lids were pared along the free margins of their central parts for $\frac{1}{4}$ of an inch and sutured together by two fine and two coarse silk sutures.

An oval piece of skin including the whole thickness of the corium was then marked out and dissected off from the lower part of the arm, just above the internal condyle. This flap was then laid with the epidermis downwards on a warm plate, and all the fat and connective tissue carefully removed by scissors.

All bleeding from the lid having ceased, the new skin was laid carefully on the raw surface prepared on the upper lid, and secured by half-a-dozen fine silk sutures at its margins. There was no tension, the flap being one-third larger than the prepared surface in order to allow for contraction. The whole was then covered with a fine layer of Sal Alembroth Gauze, and Collodion freely applied around the margins and over the surface. A gauze wool dressing was put on and a bandage firmly applied. Warmth was applied for one hour by means of a hot coil over the wool, the whole being protected then and afterwards by a thick layer of cotton wool.

19th. The dressings were removed for the first time; some difficulty was experienced in their removal, and considerable hæmorrhage from the outer end of the wound took place. The flap was of a good colour except at its inner and upper extremity, where it was greyish. This portion corresponds to that first dissected off from the arm, being the inner part of the flap where it was rather closely bound down to the subjacent tissues; consequently it was more pinched by the forceps here than elsewhere, where the subcutaneous connective tissue was loose and mixed with some fat. Near each of the sutures the skin was slightly greyish. There was no trace of pus except near the inner canthus, where there was a small accumulation of thick muco-pus, evidently secreted by the conjunctiva.

21st. The wound was redressed. All the sutures were removed. The inner and upper extremity of the flap is now dark, hard and dry, this was carefully removed by scissors, as also was a small slough at the outer extremity. Gauze Collodion was then again applied.

23rd. Redressed. There is very little discharge, and the colour of the flap remains good. Unguentum Acidi Borici substituted for the Collodion, and gauze again applied.

27th. The vitality of the skin now seems assured, but the superficial layers of the epidermis are being shed. Patient now has sensation on the part.

The patient went out in the course of the following week, with the lids still united. He came up again to the Hospital about a month after, when the bond of union between the lids was divided; patient is now able to close the lids firmly.

Sept. 4th. In reply to Mr. Brailey's enquiry, Dr. Osborn kindly gives the following account of the patient's present condition: "I am pleased to tell you that the Gunner's eyelid has continued to improve. I have seen him this evening, and the seat of the operation is quite sound, and he can firmly close the lid. Should he leave the service, as he is hoping to do, he proposes calling at Guy's to let you see how successful the operation has been."

PERCY M. MAY.

AN ANALYSIS OF QUACKERY.

One more gross imposture has been exposed, to perish like a wounded viper, beneath the relentless rays of the sun. And though it is useless to batter the dying reptile, it may be well that it should undergo dissection. A careful study of the anatomy of the individual will assist us to understand the habits of the species.

Matteism is a type, and in no way an extraordinary one, of the quackery which preys on the ignorant and the diseased. But it has been singularly unfortunate; the fraud has been demonstrated through the fervour of its most ardent disciple. If his belief in its pretended powers had been less enthusiastic, it might have prospered in semi-obscurity. But its fate was to be lifted to the clouds in the eagle's talons, its misfortune to be detected in mid-air! Hence the extent of its fall, and the violence with which it has been shattered on the rocks of public opinion. The community owes a debt of gratitude to

those who have succeeded in exposing so base an imposition.

It may be interesting to consider the main elements of a successful quackery. The first and most important item is the impostor himself. He is often a man of some ingenuity, but his intellect can never be of a high rank. Having decided to subsist by gulling the public, his first care is to adopt a satisfactory designation, which shall appeal to the imagination of his prospective dupes. His disguises are various; he may assume a foreign title of nobility, or pose as a Chinese missionary or untutored savage. At times his modesty is content to call itself an American specialist. The wisest course, however, is to merge his own identity in that of his bogus remedy. In this there should be something mysterious; "a secret only vouchsafed to some humble seeker after truth, who has communicated it to the vendor for the benefit of mankind." The virtues of some imaginary herb or "vegetable elixir" may be thus extolled. But electricity is above all others the name to conjure with. Most of those who patronize impostors, know nothing of this mode of motion except the name. To them its working is altogether mysterious, its possibilities are unlimited. There is no power which some weak minds will not accord to this subtle agent. To talk of red and blue, of black and green electricity, does not appear to them absurd. They do not understand that one might as well speak of red and blue momentum. On the contrary, the addition of a familiar sensation to a vague idea, makes the latter seem much more comprehensible to their limited understanding. Educated men and women regard with scornful pity the fetich or the amulet of an ignorant savage. But with a like childish faith they often think to ward off illness by the magic influence of a magnetic zone. And their simplicity is sometimes rewarded, when the wearing of this inert charm is followed by the disappearance of imaginary woes.

After naming his remedy, the next question is the choice of a disease. The main point to be considered is, what will bring the largest number of victims into his net? Either of two courses may be pursued. One is, to choose some common disease for which there is no positive medicinal cure. Of these, cancer is the favourite, and the dread of "an operation" drives many unfortunate sufferers into the hands of unscrupulous charlatans. Consumption and rheumatism also receive their share of attention. We will only mention, with loathing, the vile wretches who batten on the vices and follies of mankind. The alternative plan professes to provide a panacea. We find many a nostrum warranted to cure "all the ills that human flesh is heir to." Jerome's George, in spite of the catholic variety of his complaints, would have no difficulty in finding a patent pill or appliance guaranteed to remove each and all of his afflictions. Nor would they have shared his scruples with regard to a "housemaid's knee."

The last, and least important decision, which the would-be quack must make, concerns the composition of his medicine or the construction of his appliance. We will do him the justice to admit that his universal pills often have an aperient action, that his omnipotent application does usually redden the skin; for he knows how readily the credulous welcome any positive effect; they regard it as a proof of the anticipated cure. It may even be, in certain cases, that the quack has less of the knave than of the fool in his composition. Then, after years of successful trickery, he may really believe to some extent in the virtues of his wares, and regard his own advertisements as a spontaneous tribute to philanthropy. For whatever rubbish he administers, he is bound to get credit for some apparent cures if only his clientèle be numerous enough. Ce n'est que le premier pas qui coûte. To sell his wares they must be advertised, and it is of little use to advertise them without inflated testimonials. These he manufactures for himself; and in time he will be able to dilute the bogus evidence with some of the *post ergo propter* kind. His patients may recover in spite of the treatment; for Nature is not so cruel to his victims as to refuse to help them merely because their trust is misplaced, and the power of expectant attention will work wonders through any accredited agent. The most innocent form of quackery is that which encourages massage by puffing the pretended virtues of a stimulating "oil."

It is to be feared that quacks will thrive so long as the world continues. Education ought to narrow their field. But a shallow draught from the Pierian spring is often worse than useless. Intoxicated vanity makes a far easier dupe than suspicious ignorance. It is significant that no sooner has Matteism received its death-blow, than another cancer-cure is reported from the enlightened East. What a multitude of monsters are bred in that intellectual morass! It is fortunate that they can seldom survive in a healthy atmosphere.

RHODEL TAMU.

EXAMINATION PAPERS.

ARMY MEDICAL SCHOOL, NETLEY.

Examination of Surgeons on Probation for the Medical Staff of the British Army, and for H.M.'s Indian Medical Service, held at the close of the 64th Session, July, 1892.

Military Hygiene.

1. What are the functions of nitrogenous food? Mention the chief nitrogenous principles to be met with in food, and their relative value as nutrients. How many grains of Nitrogen are contained in the Soldier's Ration? Show the calculation.

2. What Chemical methods have been proposed for the purification of sewage? Upon what principles do they depend? What results have been obtained.

3. Describe the Rain Gauge and the method of observing the rain-fall with it. With a rainfall of 32 inches per annum how much water falls on an acre in a year? State the amount in gallons.

4. What circumstances favour the spread of Enteric Fever? Discuss the question of the *de novo* origin of its poison.

PATHOLOGY.

1. Describe the various steps you would take in the examination of an animal supposed to have died of an infectious disease, in order to discover the agent of infection. In the event of discovering some such agent what proof would you consider sufficient to justify you in asserting it to be the true cause of the disease.

2. Describe the various means by which the virulence of the Anthrax Bacillus may be attenuated, and the different methods by which artificial immunity to this disease can be conferred on animals.

3. Describe the Bacillus of Asiatic Cholera—as to its discovery, morphology, conditions required for growth, and the action on the bacilli of heat, acids and drying.—How would you proceed to obtain a pure cultivation from a Cholera case, and describe the growth of this species on plate cultivations and in gelatine tubes? What are the prominent post-mortem appearances in cases of Cholera, and what is the distribution of the Cholera Bacilli in the organs or tissues?

4. How would you distinguish the leprosy bacillus from the tubercle bacillus, and what arguments can you bring forward in support of the claims of the former to be considered the cause of leprosy?

MILITARY MEDICINE.

1. What are the chief diseases most commonly met with among European troops when in camp or on service in hot climates? What diseases may be considered of Malarious origin and what precautions should be taken against Malaria?

2. Describe Chronic Tropical Diarrhœa, and how you would treat the disease.

3. Describe briefly the different methods you could employ for reducing the temperature of the body in cases of Fever and other diseases attended by high temperature.

At a station in India, Sergeant *A.* made a sudden, unprovoked attack on Sergeant *B.*, inflicting a serious wound on his throat with a razor. It had been noticed that Sergeant *A's* disposition had lately changed, and that his behaviour was peculiar; he was, therefore, sent to hospital for observation and placed under your charge:—

(*a*) Describe fully the arrangements you would make for his care, and your treatment.

(*b*) What would make you suspect feigned insanity?

(*c*) Supposing Sergeant *A* brought to Court-Martial—discuss the question of his criminal responsibility.

MILITARY SURGERY.

1. Describe a modern small-bore bullet of the day. Give your reasons for any effects you may consider it would cause in warfare and contrast them with bullets of the past.

2. An expedition from this country has been landed at some place on the sea coast, it has advanced inland some fifty miles before meeting with an organized resistance. Describe the general scheme of medical arrangements authorised by the Regulations for the assistance of this force in its different positions.

3. A man is brought to you at the field hospital helpless,—you find he has received a bullet wound in the left groin,—there is another wound behind the left trochanter with a fragment of bone near its orifice,—there is no hæmorrhage worthy of remark,—Give an account of your procedure in such a case with reference to diagnosis, prognosis, and treatment.

4. Describe Snellen's test-types. On what principles are they constructed, how are they used, and what "*Indications*" do their use afford? What is Snellen's colour test, and how would it enable you to detect "*Feigned Blindness*" of one eye?

PRACTICAL EXAMINATION.

HYGIENE.

1. Examine the sample of Water before you, as follows:—

A. Chemical analysis.

1. Qualitative examination (except Magnesia).
2. Quantitative „ viz.:
   (*a*) Chlorine, in parts per 100,000 and in grains per gallon.
   (*b*) Hardness— Total / Fixed / Removable } in parts per 100,000, and in grains per gallon.
   (*c*) Tidy's process for oxidisable matter (15 minutes).
   Express in parts per 100,000 of oxygen required.

B. Report on the fitness or otherwise of the water for drinking purposes, giving your reasons.

2. Examine the sample of Flour.
   (*a*) Gluten. Determine the percentage of moist gluten, and calculate the percentage of the dry.
   (*b*) The moisture is 15 per cent; the ash 0.5 per cent. Report on the quality of the flour.

3. Examine the contents of one of the packets with the microscope. N.B.—Note the number of the packet.

PATHOLOGY.

1. Name the Bacterial cultivations numbered 1 to 3 giving the reasons why you so name them.

2. Name each of the preparations placed under the microscopes on the table, and give your reasons for so naming them, based on the details you have observed.

Give the number of the microscope corresponding to the preparation placed under it.

3. Stain cover-glass preparations of each specimen of sputum, in the dishes marked A and B, by Ziehl and Neelsen's method, and say if they contain tubercle bacilli. Give the composition of the staining and decolourising fluids used.

4. Describe Koch's method of rendering Guinea pigs susceptible to Cholera.

5. Describe the method of staining you would employ to demonstrate the bacilli in sections of (*a*) Anthrax, (*b*) Leprosy, and (*c*) Typhoid.

THE SMOKING CONCERT.

The First Smoker of the Season was held on Saturday, the 22nd ult., in the Club Smoking Room, which was crowded to its utmost with the usual enthusiastic audience. The new arrangement of the platform was a decided improvement as regards position and comfort, but those singers who came well forward were heard to greater advantage than their fellow "artistes" who took up a *too* modest position in the background—a fact which might be borne in mind at future Smokers. As usual, an excellent programme had been arranged by Mr. C. E. Salter, who also very efficiently undertook the duties of chairman.

Messrs. Lidderdale (the "young musician") and Hardenberg opened the proceedings with a well-executed pianoforte duet, Mr. Macdonald following with the song "Good Company" (Adams). Mr. Compton then gave us Rubinstein's "Longing," in good fashion, and Mr. Wohlmann scored the first *encore* with "To Anthea," giving, in response, "The Lighthouse Keeper," and later, "Ho! Jolly Jenkin." "The Four-horsed Charabang" was humorously rendered by Mr. Robinson, in his characteristic way, and as an *encore* a "Nursery" fable with an effective "Tra-la-la" chorus was given. Mr. Allworth then sang Hatton's beautiful "Come live with me and be my love," and was succeeded by Messrs. Hilton and Dangerfield, who delighted all with a banjo duet, "Marjorie," both banjoists keeping wonderfully together. They certainly deserved the triple *encore* they obtained, and it is to be hoped they will be heard again at future Smokers. Mr. Coulson, of course, was recalled for "In sweet September." "Our only tenor" was in good voice, and was heard again later with Messrs. Van Someren and Robinson in Bishop's trio "Mynheer Van Dunck," of which a spirited rendering was given. Mr. Spurrell was heard to advantage in "The Vagabond," after which Mr. Frank Morton "fetched" the house with "Mrs. 'Enery 'Awkins," and, as encore, "Wot Cher," while he "knocked" us later with "Have you noticed it?"

After Mr. Oram had contributed "Simon the Cellarer" in pleasing manner, Mr. Allport "took it on," and was very funny in his "Own Vaterland." Mr. Layman gave "It makes no difference," two new verses (*quite* original!) on the Rugby team and the Cirencester election respectively, raising us to such a state of enthusiasm that "Sydney G." was obliged to "favour" us with "The Man that broke the Bank at Monte Carlo." Mr. Pakes enlightened us as to the doings at a Muffin Scramble "up North," and gave an amusing sketch, but hurt the feelings of some few at the back of the room by taking for his satire the "lower middle class."

Mr. Van Someren sang "Beauty's Eyes"—a song none the less pleasing if we *have* heard it before; and a very pleasant and most successful Smoker was brought to the orthodox conclusion by the singing of "Auld Lang Syne."

OUR OPERATION GUIDE.

[SYNOPTICAL SERIES OF USEFUL PRACTICAL HINTS.]

"The Road of Excess leads to the Palace of Wisdom."—W. Blake.

I.—Preparation of Operator and Assistants.

A. The "Adam" or wet method (as used in Eden).

Requisites: A small "costume des bains marins" for each concerned; a shower-bath, supplied with 1 in 1000 perchloride, in a corner of the operation-room.

The more modern method of Prof. Natator, of Pilanusylvania, is often of great service—the patient being supported on a raft floating in an antiseptic swimming-bath. (N.B.—A staff of Ward Clerks dive for the instruments.) Diving into the abdominal cavity is greatly facilitated by the use of the patent spring-board.

B. The dry method of Sir Astley Percival Potpshopp.

Requisite: An assortment of old clothes, none less than ten years old. (N.B.—These can be cheaply obtained of Messrs. Moss of Whitechapel).

"A very valuable method of asepsis," *v. The Medical Daily Telegraph.*

C. General hints.

(i.) Preliminary hypodermic injection of atropin, to allay perspiration, which might obtain access to the wound.

(ii.) Sterilization of coins, keys, £5 notes, and odd-ments contained in pockets.

(iii.) Pockets mopped out with Ac. Carbol. liq. (B.P.). A valuable precaution.

(iv.) Scrupulous avoidance of any of the so-called nail-cleaning apparatus; they should rather be called microbe introducers.

(v.) Washing of hands before assisting at operation. (N.B.—This is a moot point; no definite rule of practice can therefore be laid down.)

(vi.) Anatomical mental refreshment—a visit should always be paid to either the Dissecting or the P.M. room immediately before operating on a patient, so as to have the relations perfectly fresh in the memory.

(vii.) Sponges to be handed round to at least six individuals before being placed on wound.

(viii.) Boots of all concerned cleaned, in the ordinary way, by the Instrument man, immediately before operation.

II.—Preparation of Patient.

(i.) Anæsthetics. Never mix. Remember the head in the morning.

(ii.) Preliminary starvation—not less than 72 hours.

(iii.) Administration of following pill [very important].

℞ Cambogiæ ...	...	ʒ ss.
Elaterii ...	...	gr. iii.
Calomalanos	...	ʒ i.
Ol. Crotoni ...	...	q.s. ft. sing. pil. minut.

(iv.) Site of operation to be cleansed with Ac. Nitric. fortiss. and the rotary steel-wire scratch-brush.

(v.) Follow with plentiful inunction of Unguentum paraffini mollis microbiati.

(vi.) If patient become azure, perform glossatripsy without delay.

III.—Preparation of Spectators.

Requisites: The patent angular prismatic telescope; this occasionally fails on account of opacity of dressers' heads, or of opalescent translucency of Ward Clerk's shoulders. Under such circumstances, long bonnet-pins or a sword-stick are very useful.

N.B.—All spectators have the right of making manual examination of the wound; not more than three are usually allowed to investigate the abdominal cavity simultaneously; the risk of sepsis is negligable. Δ

Correspondence.

To the Editor of GUY'S HOSPITAL GAZETTE.

SIR,—The paragraph in the last issue of the GAZETTE anent fire again brings to mind the fact that the transport arrangements for removing helpless patients in an emergency are very inadequate. In the event of a fire occurring in the old building it would probably spread with appalling rapidity, as the wooden staircases, &c., being nicely seasoned, would burn like tinder in spite of the solitary hydrant or two.

The few stretchers, even if obtainable, would scarcely meet the sudden demand, and we should be reduced to moving the bedsteads bodily, or else carrying the patients slung in the bed-clothes, a proceeding which, performed by unskilled hands, would probably prove disastrous to many. The desirability of acquiring additional stretchers, not necessarily the regulation pattern, is sufficiently apparent to require no further comment. As regards fire-drill, Merryweather's men at their periodical visits could impart instruction, and the students would probably enjoy the novelty. At any rate, some would, including the present writer, who begs to subscribe himself, AMATEUR FIREMAN.

DEAR SIR,—The following is a brief abstract of my Exam. in Surgery :—

CLINICALS.

1. Epithelioma of tongue. Glandular enlargement in submaxillary region; lower jaw involved. Would you operate? No. If obliged to, what would you do?

2. Sinus over great trochanter in boy, æt. 12; hip not involved. Probable cause? Necrosis?

3. Double Charcot's disease, both knees. Pathology.

4. Lupus erythematosus on face in boy, æt. 15; similar patch on thigh. Pathology.

5. Epithelioma behind ear.

6. Dislocation backwards outer end clavicle. What do you see? Feel his acromion; you see it is not fractured. Treatment. Leave it alone. *Bell.*

SURGICAL ANATOMY.

1. Mark out synovial sheaths of palm and phalanges. Treatment of suppurating ganglion.

2. Collis's fracture. Mark line of fracture, and explain its mechanism. When does lower epiphysis of radius unite? When does upper?

3. Mark out left kidney on front of abdomen.

4. Mark out line of incision in lumbar colotomy. What do you cut through? Put patient into position. *Bell.*

PATHOLOGY.

Table I.—1. Papilloma of glans penis. How would you treat it? Compare with epithelioma. Causes of epithelioma. Lymphatics of penis. In sarcoma of testes, what glans are affected? Lumbar. How would you feel them if enlarged? Not per anum. Palpate abdomen under C.H.Cl.$_3$.

2. Nasal polypi. What other regions are polypi found in? Treatment. Pathology of rectal polypus. Symptoms.

3. Enlarged prostate with hypertrophied bladder. How old was the patient? Not very old, as bladder was so much hypertrophied. *Bell.*

Table II.—1. A man is brought to you with five ribs fractured. Treatment. How would you apply strapping? at end of expiration or inspiration? Why? Complications of fractured ribs. Diagnosis and treatment of empyema.

2. Ecthyma, what is it? Is it always specific?

3. Tetanus. Pathology. Symptoms. How would you treat a patient with violent tetanus after compound fracture of leg? *Bell.*

Most of the candidates had plenty of surface marking. —Yours truly, F.

DEAR SIRS,—Think of a number, double it, add 89,782 to it, halve it, take away the number you first thought of, and 44,891 remains.

The latter number is given in the official handbooks on London Charities as the number of out-patients treated annually at Guy's, and I imagine it was hit upon by some such method as the above.

The out-patients treated annually at St. Bartholomew's Hospital are stated to number 158,129, or four times the number given for Guy's, and at the Great Northern Central Hospital and the Metropolitan Hospital—two comparatively unknown institutions—the numbers given are, respectively, 45,022 and 66,506, both being in excess of Guy's.

According to these statistics, Guy's is one of the least useful and efficient of large London Hospitals, and has less claim upon the generosity of a public believing in statistics, than most kindred institutions.

But are the statistics correct, and if correct, are they comparable?

I find that, as near as I can estimate it from the surgery books, and allowing for cases not entered, the number of new patients annually seen in the Front Surgery is 25,000.

As Assistant House Physician last year, I saw and treated about 150 new cases weekly. This would make 7,800 seen annually, and, with the new medical cases seen by the Assistant Physicians, a total of about 11,000 annually.

The Front Surgery and Medical Out-patient Departments thus account for about 36,000 new patients annually. The rest of the Hospital departments are, according to the statistical return, responsible for only 9,000. Is this 9,000 a correct return for the whole of the new surgical out-patients, the obstetric, the eye, throat, ear, &c., out-patients, and the odd cases seen elsewhere in the Hospital?

Judged from the number of out-patients quoted as treated, St. Bartholomew's deserves four times the income of Guy's. Is this because, statistically, they are knaves or we fools?—Faithfully yours,

D. W. SAMWAYS.

Sport.

RUGBY FOOTBALL.

GUY'S 2ND XV. v. ROYAL COLLEGE OF SCIENCE.

On October 19th, played at Brockley. Having got together rather a strong team, we managed to score an easy victory over the R.C.S. Very shortly after "kick off" Ensor secured a try which was not converted. After a pretty piece of dribbling between Pike and Dudgeon, the latter got over the line, and Rice converted. After half-time we had it all our own way, and scored 4 tries, 3 of which were converted by Rice. We won by 4 goals 2 tries to nil.

H. Walling (back), W. Ensor, J. J. E. Biggs, E. H. Van Someren (three-quarter backs), F. Henry, A. E. Price, (half backs), H. V. Pike, R. S. Rowlands, R. G. Rowlands, D. Rice, G. Mottram, A. N. Rygate, H. Dudgeon, V. E. Collins, H. Grellet (forwards).

GUY'S 2ND XV. v. SIDCUP 1ST XV.

On Saturday, October 22nd, the 2nd XV. on our own ground at Brockley, before a fair sprinkling of spectators, chiefly Guy's men, secured a well-earned victory by 1 goal to a try (4 points to 2). Guy's having won the toss, Sidcup set the ball in motion, playing against the wind, and for the chief part of the first half we managed to keep the play in our opponent's half. In the last ten minutes, after some good passing by Kerven and Hicks, Van Someren, with a dodgy run, got in behind the posts, and thus scored our only point. The kick was converted by Kevern.

The second half was of rather more even character, Guy's being prevented from scoring several times by the grand tackling of Wallis, a Guy's man, while, with the exception of Wallis, another Guy's man, Burrell, showed the best stopping powers of the visitors. Shortly before "no side" was called they scored a try, but failed to convert into a major point. Of our team, Walling at full back was excellent, his tackling, with the exception of one or two mistakes, being very safe, and his kicking good, and when a "leetle" stronger we shall expect to see him play in much better company. Of the three-quarters, Hicks was perhaps the best, while Durbridge showed good form, though all were inclined to run back. Kevern, excelling rather in defensive tactics, was the best of the halves, while of the forwards, Moffatt, Mottram and Nicholson were always on the ball, the pack were very quick in breaking up, and some of them would give most of the 1st XV. forwards a lesson in collaring. Our team consisted of:—

H. Walling (back), H. Durbridge, H. T. Hicks, E. H. Van Someren (three quarter backs), G. T. Kevern, E. Henry (half backs), H. Pern, A. N. Rygate, H. A. Moffat, G. Mottram, A. K. Morgan, R. Falwasser, Nicholson, Batchelor, Grellat (forwards).

GUY'S v. ROSSLYN PARK.

Played at Acton, October 22nd, before a good number of spectators, Guy's kicked off with the wind and at once pressed. By a series of scrums, Rosslyn Park forced Guy's back to their own "25," where a free kick was awarded the Park, Jones neglecting to observe the new rule about halves keeping on side. From a line out in our "25" Chaldecott obtained, and dodging through just scrambled over the line with Alexander hanging on to his heels. No goal resulted. Guy's then played up and gave the Park a very warm time of it, Ensor being in most brilliant form. After a series of passing, Bell ran down the line, passed well back to Hancock, who passed to Jones, and the latter dribbled over the line and so equalised. No goal resulted. Guy's still kept up the pressure. Ensor making another splendid run and passing well to Hancock, who got in easily. Shorland converted, and half time was called; 7 to 2.

Immediately after restarting Bell made a very poor return. Jackson made his mark and Bishop kicked a good goal; 7 to 5 in Guy's favour. Guy's were then forced twice in quick succession, and seemed momentarily to be going to pieces; but Shorland kept his men well up to the mark, and it was the last look in Rosslyn Park had. Guy's lost several splendid opportunities, and it was not until nearly time that Bell smartly bouncing the ball in obtained the third try. Hancock failed at goal, and Guy's had won unexpectedly by 9 to 5.

It was a very pleasing win, inasmuch as most people thought after the previous Saturday's exhibition that our forwards were incapable against a heavier side. They (the forwards) played splendidly in the pack. They got the ball in 2 out of every 3 scrums, and some of their rushes, though somewhat single-handed, were a treat. To return to the old subject—their collaring and marking in the line out, *must* improve. Yesterday it was noticed several times that one or other of the Rosslyn Park men ran right through a whole bunch of Guy's men. This ought to be remedied somehow. It is not fair to the backs. Then in the line out, they were as bad as ever in marking their men. The try obtained by Chaldecott was the result of this. We have unearthed a back at last, or rather we have if he always plays like he did yesterday, Alexander by name. Twice yesterday he saved Guy's from certain tries by splendid tackling. Ensor, as already stated, was brilliant; never before have we seen him play so well. Bertie Hancock was also very good, but Bell, who is suffering from a sprain in the back, was not so good as usual. Jones played splendidly; he was the origin of most of the passing. Steward was slow; he never seemed to get the ball clean away, and passes too high and rather wildly; he is, however, a very good defender. As will be seen by the names of players we were without Slater and "E. D." Hancock, perhaps our best two forwards, which makes the victory all the more creditable.

ROSSLYN PARK. H. P. Chattock (back); H. B. Woodall, J. B. Jackson, and F. Kendall (three-quarter backs); J. Lamont and R. F. Chaldecott (half backs);

E. Figgis, E. W. Bishop, C. A. Covernton, W. Wormald, H. McVettie, J. Bellamy, C. Graham, Rev. H. A. P. Sawyer and F. H. Russell (forwards).

GUY'S HOSPITAL. K. B. Alexander (back); J. W. Ensor, W. J. Hancock and H. T. Bell (three-quarter backs); M. P. Jones and H. M. Steward (half backs); E. T. Shorland (captain), R. J. Rowlands, R. S. Rowlands, E. V. Collins, E. C. Hort, N. H. Pike, R. F. Clarke, H. W. Dudgeon and D. Rice (forwards).

Referee. Mr. H. E. Steed (hon. sec. Surrey County).

Touch-judges. Messrs. L. Slater (Guy's Hospital) and F. W. James (Rosslyn Park).

GUY'S HOSPITAL 2ND XV. v. ST. THOMAS'S 2ND XV.

On Saturday, October 29th, we played St. Thomas's at Brockley. Having won the toss, we elected to play down hill with the wind. Thomas's started one short, but were joined by the late member about twenty minutes after the commencement.

Spon was the first to score for us, which he did by a pretty run after taking a very difficult pass from Hicks. The try was not converted. After a few minutes' play in neutral ground, we gradually forced ourselves in their "25," and Clarke, taking a pass out of touch and not being marked, scored an easy try, which Rice converted.

We continued to have the best of the game, play being confined to their "25," and a pretty piece of passing between the three-quarters resulted with a try for Durbridge, who after running through both teams just got the ball over the line. Rice again converted.

After half-time Thomas's bucked up and gave us plenty to do; their halves playing very well and pluckily. Play, however, was on the whole pretty even and fairly fast. Durbridge again scored for us. This might have been converted into a major point if it had not been clumsily placed by Van Someren, who, after letting the ball slip from his hands, made a feeble shot at goal.

"No side" was soon called, leaving us victors by 2 goals and 2 trys (14 points) to nil.

Our team was as follows:—J. Moore (back); H. J. Spon, H. T. Hicks, G. Durbridge (three-quarters); G. T. Kevern, H. M. Stewart (halves); D. Rice, H. Mottram, H. A. Moffat, J. F. Steward, H. Pern, N. Pike, V. E. Collins, E. H. Van Someren, F. Clarke (forwards).

ST. THOMAS'S TEAM:—T. O. Halliwell (back), F. Pershouse (Capt.), A. W. Hooper, S. O. Bingham (three-quarters), E. H. T. Nash, C. E. Jones (halves), G. H. Dominy, G. Beley, F. J. Brakenridge, B. Dyball, F. E. Appleyard, J. H. DeVilliers, D. Price, W. Gilbert and H. Glasgow (forwards).

Our three-quarters are beginning to show a very pretty combination. Durbridge plays a very good game in all but his collaring. He would make more certain of his man if he went for him low. Spon and Hicks played very well. Amongst the forwards, Mottram, Moffat, Pern, Rice and Clarke all played well.

Thomas's men, Pershore and Hooper at three-quarters and Downing at half, played well.

"A" XV. v. ST. THOMAS'S HOSPITAL 3rd XV.

Played at Lambeth on October 29th, resulting in a win for Guy's by a goal to nil. Losing the toss, Guy's kicked off uphill and immediately pressed, but Storrer relieved his side by a long kick to our "25." The game which was of a very scrambling order, was mostly confined to the forwards, so that the three-quarters had little or no chance of making ground. Just before half-time our opponents became dangerous, but Walling picking the ball up neatly, relieved with a dodgy run. The 2nd half of the game was as stoutly contested as before, and it seemed probable that nothing would be scored, when Webb taking a pass from Henry ran right through, and dodging their full-back scored a try between the posts which was converted by Lichtenburg. Nothing more being scored, we left the field victorious by 5 points to nil.

Our forwards all worked hard, but their energy was misdirected through lack of combination, Our tall men in particular were very useful out of touch. The halves, Henry in particular, played a sound defensive game, but their passing was weak. The three-quarters collared well, Webb and Garland especially showing up in this respect. Walling at back was very safe: he tackled pluckily and repeatedly prevented their scoring.

Team:—H. Walling (back), G. B. Webb, C. L. Lichtenburg, A. Perks and G. O. Garland (three-quarters), P. F. Henry and J. B. Jones (halves), A. N. Rygate, W. Grellet, Batchelor, A. T. Falwasser, W. E. Hill, D. R. Griffiths, A. H. Finch and F. H. Hardy (forwards).

SWANSEA v. GUY'S AND ST. THOMAS'S HOSPITAL.

The St. Thomas's and Guy's Hospital clubs made a new departure in reference to their Welsh tour. Instead of sending, as has been customary for the past few years, a team to represent each institution, they coalesced, with the result that they were able to send down an extraordinarily strong combination. They played Swansea to-day on the St. Helen's Ground, and one of the finest, fastest games that anyone could wish to see resulted. The match ended in a draw, the strenuous efforts of the home forwards nullifying the brilliant play of the visiting backs.

The Medicos, winning the toss, elected to play with the wind at their backs, and towards the town. Bancroft started by kicking across the line of forwards, who dribbled down to the visitors' twenty-five, where a free kick was granted the Swansea by the referee, Mr. Rees, of Neath. Thorogood tried for goal, but Graham returned well, and then Rotherham, getting the ball, made a magnificent run through the Swansea team, and, passing to Ensor, the latter looked a scorer, when he was brought down by Burrows and Evans. Play, initiated by Jere Edwards and Rice, raised the siege, but two minutes later, after a round of passing, Rotherham scored a try, which, however, was unconverted. Bancroft kicking out, Gil Evans gained considerable ground by a run and kick, further improved upon by

Blackmore's dribble, but the all whites were still on the defensive, though granted a free for handling in the scrimmage. A couple of kicks by Thorogood at last transferred operations beyond the central flag, where Rotherham, when getting away, was neatly tackled by G. Evans. Smart play by Jones, the old Brecon boy, regained the lost ground for the Hospitals. Again resorting to passing, the visitors ran to the line, Ensor, Hancock and Bell being conspicuous. The All Whites immediately rushed out to the twenty-five flag. Thanks to smart and determined tackling by J. Edwards, and a punt by Blackmore, Swansea got on more even terms with the Medicos, and a rush by Mills and D. Edwards placed the visitors' goal for the first time in danger. Then, amidst great excitement—for the game was the fastest seen on the home ground for many a long day—the home forwards made tracks for the line, and after being handled by Alf. Lewis and Mills, Thorogood received the leather and dashed over at the corner. Bancroft's attempt at goal was all but successful—a magnificent attempt. Cheered by this success, which made the scoring even, the All Whites played up with great spirit, keeping their opponents well on the defensive, until Rotherham and Bell ran out. But Dick Edwards and Blackmore, by pretty cross passing, forced the Medicos back to their quarter flag, where Rice put in some clever work in the open. The Hospital men being penalised, Thorogood placed the ball for Bancroft, who elected to kick into touch near the goal line. Passing across the ground to Whapham lost Swansea some ground, and Ensor by a kick, and Jones by a dribble, transferred the venue to the centre. Initiated by Jones, another grand piece of passing was witnessed, Ensor and Hancock clearing off their centres and transferring to Bell, who, racing Whapham, scored behind the posts, a goal resulting. Thus at half-time the score stood—Hospitals, 1 goal 1 try 1 minor; Swansea, 1 try.

From Graham's kick Jere Edwards returned into touch on the visitors' side of the centre, whence the visitors broke away, and smart passing between Rotherham and Bell enabled the latter to carry it over. "Ball back," was the referee's order, and a scrimmage was formed near Swansea's twenty-five, where Gil Evans got possession, and made ground. He was tackled by Jones who got the ball from the ensuing scrimmage, but was collared by Edwards before he could part. The home forwards worked the play back to the centre, where a lot of tight scrimmaging was witnessed. It was eventually broken by Hood passing out to his centre, and, like a streak of lightning, the three-quarters were on the job. Fortunately for the Whites, Hancock's pass to Ensor was forward, and another scrum was formed near the home line. The Swansea halves took the ball from the heel out and passed to Burrows, who brought great relief by a kick, which Graham failed to handle. By this the play was taken again to the visitors' side of the centre, and Mills broke away with the ball at his feet. He ran it into Hancock's hands, who again made good use of it; he passed to Bell, who went down full speed to Bancroft. When he faced the Swansea back he passed and Burrows intercepting it, kicked. Rice followed up, and getting possession, ran splendidly. He got the ball into the twenty-five, and then passed, Bancroft was the only man supporting him and he knocked on, and the best chance the Whites had was lost. The visitors' backs, whose play was of a character the like we have not seen on the Swansea ground before, continued to be persistently aggressive; but the Swansea forwards, who were playing a good honest game, managed to work to the visitors' twenty-five, where for off-side play, Swanse got a free. Bancroft elected to drop, and the ball fell into Ensor's hands, who kicked well, and made a profit out of the penalty. He kicked to the centre, and Gil Evans getting possession here kicked to the line. Before Graham could return, Whapham was upon him. The scrummaging took place right on the line. Jere Edwards got over once, but was called back [a free kick should have been given—Ed.] but from the next scrum Mills grounded. Bancroft's kick was watched with breathless anxiety, but happily he sent it between the posts, and it seemed as though the game was saved. Both sides buckled to after the re-start, Bancroft punting the Hospital captain's kick into touch near half-way. Here the Hospitals got a free, and kicked high. Jere Edwards attempted to make a mark, but he was charged, and the visiting backs — the ubiquitous backs—took it again. Thorogood intercepted a pass from Bell, and kicked well. He followed up, carried the ball on again, and took the leather to the visitors' territory, where it remained until time was called. Scores—Hospitals, 1 goal 1 try 1 minor; Swansea, 1 goal 1 try.

St. Thomas's and Guy's.—V. Graham (back), Hancock, Rotherham, Bell and Ensor (three quarter backs), Hood and Jones (half backs), Ashford, Thorman, Shorland, Rowlands, Hancock, Sedgwick, Roullard and Thompson (forwards).—*Swansea Evening News.*

UNITED HOSPITALS v. CARDIFF.

What, for an off-day, was a large crowd—close on 5,000—watched this match at the Cardiff Arms Park.

A keen tussle was expected, and as the Medicos drew with Swansea after getting the worst of the luck, the result was confidently looked forward to as likely to afford criterion of the relative merits of the teams which will meet at St. Helen's Field on Saturday. The Hospitals were strongly represented. Cardiff, on the other hand, were short of Sweet-Escott and Selwyn Biggs, both rendered *hors de combat* in the Llanelly match. Their places were taken by Rosser Evans and W. E. Jarman. Hill again helped the scrummagers, who were further strengthened by A. F. Bland. A quarter of an hour after the advertised time of starting the teams filed out in the order and positions given on next page:—

POSITIONS.	CARDIFF.	HOSPITALS.
Back.....	D. W. Evans.....	V. Graham.
Three-quarter	T. W. Pearson (Capt.)	Bell (Guy's).
Three-quarter	J. E. Elliott	Hancock (Guy's).
Three-quarter	Norman Biggs	Rotherham.
Three-quarter	E. P. Biggs	Ensor (Guy's).
Half-back ...	Rosser Evans	M.P.Jones,Guy's
Half-back ...	W. E. Jarman	N. Hood.
Forward	A. Lewis.....	Thorman (Capt.)
Forward	R. Guinea	Ashford.
Forward	T. Jones.....	Sedgwick.
Forward	A. F. Hill	Dudgeon (Guy's).
Forward	A. F. Bland	E. T. Shorland. (Guy's)
Forward	J. Burke.....	Rowlands (Guy's)
Forward	S. Cravos	Hancock (Guy's)
Forward	J. Spavin	Roullard.

The Londoners opened play from the Racquet-court end. D. W. Evans returned into touch at half-way, and from the scrimmage following the line-out Bland and Jones got away, sweeping the ball over the 25 line, where play was centered for several minutes. Securing the ball in the open, Hood passed to his confrere, and the ball was sent out to Bell, on the left wing. Running strongly, Bell eluded Pearson and D. W. Evans crossed the Cardiff lines, Norman Biggs reaching him as he put the ball down. Hancock had no difficulty in converting. General applause followed what was really a fine bit of play. After the re-start, the Cardiff forwards showed to much advantage, and made the vicinity of the visitors' 25 line the scene of operations for several minutes, Hill distinguishing himself by a capital dribble. For an off-side tackle Cardiff were awarded a free kick. About forty yards off goal and in a good position, D. W. Evans essayed a drop, but a well-meant effort went wide of the mark. Still play continued in the Hospital quarters, and Lewis, Bland, and Cravos did good work in the open. The Medicos had, through the trickiness of Hood, almost reached the division line, when for another breach of the off-side rule they were penalised, and this being followed by a smart kick of Elliott's into touch, the game was again proceeding on the visitors' 25 line. Wheeling the scrimmage the Londoners at length got away, and were not stopped until they got some distance inside the Cardiff 25. Rosser Evans here passing out smartly to Jarman, the latter threw out to Norman Biggs, and the sprinter had got about six or seven yards, when, after eluding two or three of the visitors, including Hancock and Ensor, Bell stopped his progress, but the ball was given to Pearson, who in turn was stopped by Rotheram, E. P. Biggs, to whom had been passed the ball, being downed by Thorman. The London forwards, led by Sedgwick, sent play back to the Cardiff 25, but thanks to a dribble, in which Hill and Lewis were prominent, neutral territory was reached. Rotherham here fielded the ball and kicked strongly. The Cardiff custodian received, and being charged by a forward, instead of getting his free kick, elected to send play just over the Londoners' 25 line. This scrimmage ended in Cardiff's favour, and Norman Biggs, given the ball by Rosser Evans, who had secured it in the loose, looked like getting in. Punting to avoid the full-back, he failed to catch the ball, and Tom Jones, who snapped it up, was thrown over by Hancock. Play still continued in Cardiff's favour, and Pearson, who had been awarded a penalty kick—again for off-side play—shot for goal, the ball only missing its mark by less than a yard. Had the home half-backs been as tricky as their opponents, Cardiff must now have scored. The pressure had been continuous for fully a quarter of an hour. Elliott was now put at the rear of the scrummage, Rosser Evans being placed on the right wing. This change worked with advantage, and after a close raid, the venue being less than a dozen yards from the line, Gus Lewis and Bland crossed, but the latter, to whom had been passed the ball, had the misfortune of carrying away the goal-line flag post. Cardiff's pack was now worsted in the loose, Thomson and Sedgwick particularly distinguishing themselves, while Jones at half was ever active, and beat Jarman with ease. From a scrum on the Medicos' side of the half-way line Jones picked up and very smartly threw to Hancock, who, dodging well, after a splendid run, scored in a good position, another goal following. From this to half-time nothing material occurred, and when the whistle blew the score stood:—

HALF-TIME SCORE:	G.	T.	M.
HOSPITALS	2	0	0
CARDIFF	0	0	1

On changing ends, owing to a mull a scrimmage about fifteen yards from and in front of the goal-post immediately followed the kick off. The visitors' forwards rushed through and took the ball to the half-way, where D. W. Evans saved, punting into touch near the 25 flag. A scrimmage followed the throw out, and Jarman getting the ball away threw it, after feinting, to Norman Biggs, who, dodging Rotherham and Hancock, passed to Pearson the Cardiff captain, when opposed by Bell, transferring to Rosser Evans, who failed to take, so losing a certain try. The ball being swept into touch, a forward scramble after the throw-out swept the ball to the line, and Elliott picking up jumped through the custodian's hands and scored near touch-in-goal. D. W. Evans made a good, though unsuccessful, effort to convert. After the drop-out play for several minutes was confined to the visitors' 25, and Jarman, who now showed some of his old form, threw out trickily, Norman Biggs, E. P. Biggs, and Pearson, handling the ball in succession, and travelling to within a yard or two of the line. The custodian temporarily relieved, but Norman Biggs, with a strong burst, almost scored in the corner. Again Graham relieved—but this, too, proved only a momentary respite, for after fast play on the Londoners' side of the half-way line, they were penalised for placing the ball unfairly into the scrimmage, and D. W. Evans had the ball placed for him A splendid kick only fell a couple of yards short. The return was secured by Evans, but this time the position was not quite so favourable. Hill and Lewis doing good work in the scrummages, play was sent to the Medicos'

25, and here Jarman passed in exceedingly smart fashion to Elliot, who, making a strong burst, scored behind the posts. Norman Biggs converted amidst loud cheers, and the Medicos were forced to bring out a fifth man at three-quarter. Given a "free" on the extreme wing, Pearson dropped for a goal, a really fine shot meeting with no other success but the concession of a minor. Soon after the drop-out, D. W. saved a forward rush, and a capital dribble was made by A. Lewis. Bad luck prevented Cardiff scoring on several occasions. Getting the ball from the scrum Jarman passed to Elliott, who threw in then to Jarman, the veteran half-back transferring to Norman Biggs, and the sprinter crossing in the corner. No goal followed, pressure was still exerted by the homesters, and getting away finely from a scrum in mid-field on the 25 line, Elliott ran straight for the line, and when his progress seemed likely to be impeded by Graham, he passed to Jarman, who crossed the line and appeared to lose the ball, which was pounced upon by Cravos, loud shouts of delight hailing the registering of the point. Immediately following the kick at goal, which was unsuccessful, "No side" was announced, Cardiff thus being left the victors by 4 points.

FINAL SCORE :	G.	T.	M.
CARDIFF	1	3	2
HOSPITALS	2	0	0

South Wales Daily News.

ASSOCIATION FOOTBALL.

GUY'S 2ND XI. v. CITY OF LONDON SCHOOL.

This match was played on the City of London Ground at Denmark Hill, on October 22nd. Guy's played with the wind for the first-half and managed to score once, Mumford putting the ball through. Directly on re-starting after half-time, the School forwards got away and scored. This was the only other point registered during the game, which thus ended in a draw (1 goal all). Half the forwards, moreover, were worse than useless, and the only redeeming feature of the game was the excellent play of the halves, especially that of Evans and Crosby, who played splendidly, and are most decided acquisitions to the team. Pincot forward, and Lavers in goal, also played well.

Although the result of this match and of the two previous ones has not been very satisfactory, yet the prospects of the team for this season are much more promising than in former years. With our two full backs condescending to play sometimes, we shall have a back division far above our usual average, and if we can only get some decent forwards together, we ought to be able to anticipate a most successful season.

The number of men who can play for the 1st XI. is obviously limited, and there is no reason why those who may have been excluded as not being quite good enough, should become offended and refuse to play for the 2nd, except as a great favour. It is for these men that a second team was started, and not for hopeless "crocks" [Draw it mild.—ED.] who could never stand a chance of getting into the 1st. They should bear in mind that the best way of getting into the 1st is to, first of all, bring themselves into notice by their play for the 2nd.

GUY'S v. EALING.

Played at Ealing on Saturday, October 29th. We won, trying two new men, in Lavers (goal), and Crosby (half-back). Hewitson was unfortunate in losing the toss, as it gave Ealing the advantage of a strong wind and the sun at their backs. Guy's kicked off and immediately pressed, our forwards shewing good combination. Before five minutes had elapsed Fitzhugh scored the first goal for us with a good low shot. After this Ealing retaliated and very soon equalized. From the kick-off our forwards took the ball to the other end, and after some good passing between Stamford, Waymark and Fitzhugh, the last-named again scored. From the kick-off Ealing pressed, but the defence of Frith, Hewitson and Crosby was very good, and from a long kick by Frith, our forwards got away again, and Pendred scored a third goal for Guy's. This seemed to rouse Ealing for they quickly came away and scored two goals in quick succession, one from a miss-kick by Packer, and the other from a good shot by their wide right. Our left wing was now noticeable for some good runs, and from one of them Fitzhugh just managed to put us ahead again; Lavers saved a very good shot. Our halves worked the ball up the field, and from a centre from Walker, Fitzhugh again scored (5—3). Ealing took two corners in succession, and Pendred had the misfortune to put the ball through his own goal, making the score 5—4, when the whistle blew for half time.

The second half was very hotly contested, and very soon Ealing equalized from a centre from their outside right. After this we simply bombarded their goal but could not score. At one time their goal-keeper fell with the ball beneath him on the goal line, and a scrimmage that would have delighted the heart of a Rugby man, but they saved at the expense of a corner. Just before the whistle blew Waymark managed to score the winning goal with a very good shot.

Frith and Hewitson were the pick of the defence, but Crosby played very well. Fitzhugh and Stamford were the best of the forwards.

GUY'S—Lavers, goal; W. S. Frith and H. D. Packer, backs; Crosby, Hewitson and Sharpe, half-backs; Stamford, Waymark, Fitzhugh, Pendred and Walker, forwards.

Birth.

TAYLOR.—On Oct. 26th, at Wimpole Street, Cavendish Square, W., the wife of Frederick Taylor, M.D., F.R.C.P., of a son.

Death.

SPURRELL.—On Oct. 13th, at Belvedere, Kent, Flaxman Spurrell, M.D., aged 77.

Guy's Hospital Gazette,

NOVEMBER 19, 1892.

CLINICAL LECTURE BY DR. TAYLOR.

SATURDAY, OCTOBER 29TH.

Such diseases as Pneumonia, Pleurisy and Phthisis may appear somewhat commonplace to be chosen as subjects of a Clinical Lecture; they are, however, just those diseases which are seen every day in the Wards, which are constantly coming before one in practical work, and which may always be reviewed with advantage.

To-day I wish to speak about Pneumonia and Pleurisy; it is not, however, my intention in a single lecture to enter into the details of these diseases, but rather to select for discussion one or two of the clinical features of each.

The first question for discussion, is the difference between Pneumonia and Pleurisy. At first sight there would appear to be no great difficulty in distinguishing these diseases from each other; each runs a definite course, has different stages, and exhibits, as a rule, clear physical signs; nor indeed at certain stages of these diseases is there much difficulty in distinguishing them. It is more particularly in what may be called the second stage of each disease that the contrast is important, that a correct diagnosis is essential; it is at this stage that error is likely to arise. The second stage of the one is characterized by consolidation, of the other by fluid, and it is most incumbent upon the physician to diagnose the one condition from the other at this stage.

The importance of this lies in the fact that pneumonia must run its course, terminating in recovery or death, that nothing, or little, can be effected by treatment in shortening that course or modifying it, and that the patient must die in spite of all treatment if death is to be the termination; whereas, in pleurisy, on the other hand, very much can be done, both in cutting short the disease and relieving pain, by judicious and well-timed aspiration. The difference in the treatment, the difference in the result of the treatment of these two conditions, make an early recognition often very essential.

Mistakes, however, do frequently arise. I was once called to see a woman who was at one time thought to have pneumonia. There were signs of fluid in her left chest, and the heart was pushed over to the right side; the fluid was removed, but the patient died. The case had been mistaken for pneumonia, and pleurisy had been overlooked until too late. This occurred some years ago. In a hospital practice such mistakes are no doubt rare, because every case is thoroughly examined, and the physical signs of each condition are looked for in turn. But mistakes are always possible; they most frequently occur in private practice, and then through carelessness or because a diagnosis is made upon the preponderance of the physical sign.

One hears of a good many cases of "inflammation of the lungs" going on for two or three weeks; in such cases always look out for fluid. Dr. Wilks used to say that if the signs which are thought to be indicative of pneumonia persist for two or three weeks fluid is present, or at any rate should be suspected. If, therefore, you are called to a case of pneumonia of two or three weeks' duration, take your exploring needle with you.

Always explore if in doubt, but do not make your diagnosis by exploring. The diagnosis should be arrived at by a careful consideration of all the physical signs; but, even after the most thorough examination, a doubt sometimes must remain, and it is especially in these cases that an exploring needle is useful. What are the chief physical signs of fluid and consolidation respectively? I hope you will pardon me for briefly mentioning them.

The chief physical signs of consolidation are dulness, bronchial breathing, bronchophony and increased tactile vocal fremitus in such cases, that is in which the consolidation is near enough to the surface to give impressive results; while of fluid, they are dulness, diminished vesicular breathing, diminished voice sounds, diminished tactile vocal fremitus. What then is the difficulty in distinguishing these two conditions from each other? It is this, that in pleurisy there are often present some of the signs of pneumonic consolidation; I mean, bronchial breathing and bronchophony. It is generally recognized that the conditions which give rise to bronchophony and bronchial breathing are solid lung and patent tubes, and fluid, by its compressing effects, brings about these conditions. Fluid may compress both lung-tissue and tubes, and in such cases, of course, only negative signs can be obtained; but in most cases of pleuritic effusion, the fluid at its upper level will be found to have compressed the alveolar tissue only and to have left the tubes patent, and it is at this stratum of the fluid that bronchial breathing may often be heard.

A great deal too much has been made of the difference in conducting power of fluids and solids. Fluids do conduct sound, and it is inconceivable that the presence of a layer of fluid between normal lung and chest-wall can change vesicular into bronchial breathing. The bronchial breathing is the result of the compression of the lung by fluid.

There is a case in John Ward which is interesting as bearing upon the possibility of mistaking pneumonic consolidation for pleuritic effusion. The case is that of a boy, aged 7, who a fortnight previously to admission had had rheumatic fever. On admission there was an increase in the area of præcordial dulness; there was a rub audible over the cardiac area, which was modified by cessation of respiration and which was thought to be pericardial; and there was dulness and tubular breathing at the left base. When I saw the case I was told that the child was suffering from pericarditis and pneumonia, following upon rheumatic fever. As a matter of experience, however, I knew that pneumonia is quite uncommon in rheumatic fever; whereas a large proportion of cases of rheumatism with pericarditis show the signs of compressed or consolidated lung on the left side. There are indeed three conditions of the lung more common than pneumonia, which will give rise to dulness and bronchial breathing at the left base in cases of rheumatic fever with pericarditis. They are (*a*) pleuritic effusion, (*b*) hydrothorax or passive effusion, (*c*) compression of lung itself from in front by pericardial effusion. In this case, therefore, in excluding pneumonia I relied rather upon experience than upon the actual physical signs present at the left base. The subsequent course of the case has justified the verdict; for while there has been no rusty sputum, no flushed face, nor any of the usual general indications of pneumonia, there has developed a very loud and extensive rub behind at the left base.

Dr. Drummond, of Newcastle, has made a great point of the occurrence of bronchial breathing in pleurisy with effusion. He has given it as his opinion that there is always a stage in pleurisy with effusion in which bronchial breathing will be present. As a rule, bronchial breathing is heard only at the upper level of the liquid, but in children it is frequently heard all over the chest. Can any distinction be drawn between the characters of the bronchial breathing due to compression by fluid and that due to the pneumonic process in pneumonia? It has been said that bronchial breathing in cases of pleuritic effusion is sniffling, fainter, and tends to be higher pitched. Bronchial breathing of this character, however, may be met with in pneumonic consolidation; on the other hand, the loud ringing type of bronchial

breathing frequently occurs in pneumonia but seldom in cases of compression by fluid.

I do not care, however, to commit myself to any definite statement with regard to this difference, but will only say that while cases of sniffling, faint, and high-pitched bronchial breathing may be due to either condition, a loud ringing character of the breathing is more likely to be due to a process of pneumonic consolidation. The more ringing bronchial breathing is characteristic of pneumonia, the other is not characteristic of effusion.

I cannot, however, fully endorse the statement of Dr. Drummond that bronchial breathing will always be found at some stage in a case of pleurisy with effusion. We have recently had a case in Miriam Ward of pleurisy with effusion in which there has certainly not been any bronchial breathing. It has been stated that bronchial breathing may sometimes be caught in cases of pleuritic effusion in deep respiration, while it may be inaudible in quiet breathing. This test was not, however, applied in the case just mentioned.

Our salvation often lies in the tactile vocal fremitus. Tactile vocal fremitus is absent in pleuritic effusion, even though bronchial breathing is present; it may not be obtained if the voice is weak, as in women and children, nor is its presence or absence absolutely diagnostic, though it may go a long way towards diagnosis.

An absence of vesicular murmur and absence of tactile vocal fremitus seem almost diagnostic of pleurisy; but these negative signs may occur in certain cases of pneumonia. The bronchial tubes may become plugged with fibrinous exudation in pneumonia, and a condition of lung is present which will give rise to the same signs as those of lung compressed by fluid. To mistake pneumonic lung for pleuritic fluid is, however, not so serious an error as one in the opposite direction; moreover, if the pneumonic process is so severe as to produce complete consolidation, as to obliterate some of the tubes, and give rise to an absence of vesicular breathing and tactile vocal fremitus, the general condition of the patient will be such as to allow of little possibility of the case being mistaken for one of pleuritic effusion.

I have been asked to say something about broncho-pneumonia as being a disease which is somewhat indefinite; time, however, will only allow me to briefly allude to it. There may be no definite signs in broncho-pneumonia, the signs may be localized to one part of the chest, or may be scattered about, due to irregular distribution of the process in the lungs. Perhaps one of the most definite signs of broncho-pneumonia is the irregularity of distribution of the physical signs. The presence of râles, especially moist ones, point to broncho-pneumonia rather than croupous pneumonia. The chief signs are bronchial breathing, râles of various kinds, and bronchophony obtained with the cough or cry, for the majority of the subjects of broncho-pneumonia are children. There may be patches of bronchial breathing, and these may be different in different cases, and may differ in the same case from day to day. There may be two or three patches or one patch.

Frequently, if the process is sufficiently extensive to cause bronchial breathing, dulness will be found over the same area. At the same time the patient is feverish, the pulse is rapid, there is cough, and some dyspnœa; the fever is very variable. A broncho-pneumonia may be bronchial in origin but croupous in distribution, and then, of course, gives the typical signs of croupous pneumonia.

BOOKS RECEIVED, ETC.

Bric-á-Brac Poems.

On Hospital Federation for Clinical Purposes: A suggestion. By J. Eric Erichsen, F.R.S. H. K. Lewis.

In Memoriam.

JOHN CHARLES STEELE.

Struck down in our very midst, the death of Dr. Steele is a loss indeed. For forty years he had been a constituent part of the Hospital; his going in and going out, his appearance in different parts of the Hospital, had become so familiar to us that his absence will create a strange blank which time alone can efface. When, in 1853, Dr. Steele was appointed Superintendent of the Hospital, he had no easy task to fulfil. He was asked, indeed, to inaugurate and develop an entirely new department. Hitherto the care of the Hospital, as regards its daily wants, had been entrusted to the Steward—a name and office still existing, we believe, in some of the older hospitals. When Mr. Harrison resigned his Treasurership, Mr. Browell, the Steward, shortly followed a similar course. His office was little more than that of a commissary, to look after the material welfare of the inmates of the institution, and to preserve order within its walls. He had been a purser in the navy, and as he spent a large part of his time in walking up and down the colonnade, it was supposed that he regarded it as his quarter-deck, from which he might keep a look-out on all that was going on around him. He could not, therefore, have been much in his office, and in this respect his habits and duties formed a strange contrast with those of his successor. At the time of Mr. Browell's resignation, the new Treasurer, Mr. Dobree, came into office. Without casting any reflection on his memory, he was not quite suited for his office. His relations with the Medical Staff were not the most cordial, and at one time were so strained, that he declared he would dismiss all the officers and manage the Hospital by paid residents. It was at this period that he said he should appoint a medical man as general Superintendent in place of the Steward. It was very natural to conclude that the Treasurer's intention was to be in part fulfilled, and that for the future a control was to be exerted over the Staff. Great was the commotion excited by the new appointment, and an attitude of opposition was at once adopted, before Dr. Steele arrived on the scene. We remember well the feeling aroused in the minds of Dr. Hughes, Mr. Cock, Mr. Hilton, and Mr. Stocker. Dr. Steele's appearance only in part disarmed his opponents. He certainly was not haughty, nor had the look of one made to command. His appearance was rather prepossessing; he was a single man, good-looking, with curly black hair. His manner was unassuming and cold. It was, therefore, at once evident that the Staff need have no fear of him, and he himself soon showed by his actions that he was not going in any way to interfere with their duties. Amongst the

older members the prejudices could not be altogether effaced, and his coldness, Scotch accent, and thriftiness were often made a subject of discussion. We remember on one occasion, after Mr. Hilton had been lecturing, that he went straight to the Superintendent's Office to speak of the danger of having a fire in the private dissecting room next to the Museum, which might endanger the whole building. Dr. Steele never rose from his seat, but in his native brogue said something equivalent to "it would not matter much;" whereupon Mr. Hilton, in great wrath, said, "That 's like your cold Scotch blood." We remember, also, once an appointment of House-Surgeon which Mr. Cock did not approve, whereupon Mr. Cock said the gentleman received it because he was a Scotchman. When Mr. Cock was told the man was English, he said, "Well, his name begins with Mac."

Dr. Steele bore all this patiently, and no doubt he had a difficult task to fulfil. As a servant of the Hospital it was his duty to be careful with the funds, whereas, if the surgeons could not get their wants in the way of instruments, he was called parsimonious and even neglectful. His nationality and his thrift were sometimes, though in a jocular manner, made a matter of merriment. At a Governors' dinner the subject of one of the officers of the Hospital came under discussion, how he was "going to the bad," and waiting on everyone to borrow money. When Steele said he borrowed of him, there was a general cry of surprise, which changed into a roar of laughter when Steele quietly added, "but I deducted it from his salary." Mr. Stocker never lost his jealous feeling towards Dr. Steele.

As Dr. Steele was seen of late years working methodically in his room there was no indication of the amount of trouble he had had in getting his department into its present state of perfection. A second period of trouble for him was during the change to the present nursing system.

In spite of numerous difficulties, Dr. Steele quietly plodded on. The results of his work have appeared in numerous reports in the Guy's Hospital Reports, and he has written papers on nursing, on the diet and mortality of hospitals, and on various kindred subjects. He had thus become an authority on all that related to Hospital management, and for an essay on this subject he gained the "Howard" prize. Never was there a man more conscientious in the discharge of his duties, which, indeed, he loved, so that his loss will not only be great to the institution which he served, but to the public at large. As he was often consulted on questions relating to charitable institutions, his position in the country was absolutely unique, there being, we believe, no such office as his elsewhere.

JOHN CHARLES STEELE was born in the neighbourhood of Brechin, in Forfarshire, and received his medical education at Edinburgh and Glasgow. He took the diploma of L.R.C.S. at Edinburgh in 1843, and the degree of M.D. at Glasgow in 1848. In the latter City he held the post of Medical Superintendent at the Royal Infirmary until he was appointed a resident Medical Superintendent of Guy's Hospital on September 7th, 1853. As explained above, he was the first to bear the title of Superintendent, his predecessor, Mr. Browell, being called a Steward. During the long period of nearly forty years that he lived within the walls of Guy's Hospital, he always occupied the same house in the front quadrangle, and for a time the Rev. Bullock, the Hospital Chaplain, lived with him. His offices were then where the dressers' common rooms are now, and they lead into the out-patient department, which occupied the position of the present surgery and adjacent end of Accident Ward. When

Hunt's House was built, the apothecary's shop was moved there, and the Superintendent's offices were transferred to their present site.

Dr. Steele was well known to all who take an interest in the welfare of hospitals and similar institutions by his numerous and able contributions to the literature of the subject. Amongst these may be mentioned "Vital Statistics of Guy's Hospital from 1854 to 1861;" "Analysis of Patients treated at Guy's Hospital from 1861 to 1868;" "Hospital Dietaries," 1873; "Essay on the Mortality of Hospitals Past and Present," which gained the "Howard" Medal awarded by the Statistical Society in 1876; and as recently as 1891 he wrote valuable papers on the "Charitable Aspects of Medical Relief." In the Royal National Pension Fund for Nurses he always took a keen interest, and did much to excite the same interest in others, and to further the claims of the association among the Nursing Staff of Guy's Hospital.

His death was painfully sudden. After a few days' illness with symptoms of intestinal obstruction, it was decided to perform an operation, and while under the influence of an anæsthetic he sank immediately after the operation had been begun. He died on November 6th, at the age of 71. One who had known him for many years writes: "He died in harness, leaving a record so honourable that it falls to the lot of few men to equal, much less to surpass it. Ever ready to do service in the cause of a friend, his kind-heartedness, his geniality, his shrewd common sense and enduring perseverance, made him a power for good in the Hospital world." There is a melancholy interest in the fact that during his recent summer holiday he had visited all his old friends and the scenes of his youth in Scotland; and his account of his experiences, and of the changes which had occurred in his native place during his long absence, were most entertaining.

On Thursday, November 10th, a funeral service was held in the Chapel of Guy's Hospital, and was attended by the whole of the Hospital and School Staff, together with many old friends, past and present Students of the Hospital, and members of the Nursing Staff. At the conclusion of the service, the cortège proceeded to Norwood Cemetery where the interment took place.

ON INTRAVENOUS INJECTION OF SODIUM PHOSPHATE IN TRAUMATIC ANÆMIA.

I trust you will allow me the favour of a reply in your columns to the remarks that have occurred in them on the above-named subject, without including me in the list of advertisers (see October 8th, p. 288), although I am afraid I have (most unsuspectingly) "brought down the house" on the heads of my friends (most innocent of guile) Dr. Washbourn and Mr. A. Carr, to whom I now apologize, while heartily thanking them. The solution of Sodium Phosphate was first used by me, and an account of its use in four cases was subsequently given by me in a paper in vol. xiv., 1868, of "Guy's Hospital Reports."

Let me, first of all, in discussing all the points connected with the subject of Transfusion, draw attention to the fact, that the cases we, as obstetrics, are dealing with are those where the sudden, and often enormous, loss of blood takes place in a person, whose abdominal tension has just before been lessened, whereby the vessels and walls, unsupported, dilate, and blood flows into them from the thorax and elsewhere.

When hæmorrhage occurs, the first of the flow will not be much felt by the patient; but when the flooding continues unrestrained, then the effect begins quickly to tell. If syncope occur at this juncture, time is given for the

plugging of the uterine sinuses with the normal thrombi. If not, the primary cause of the flooding—the uterine inertia—becomes *ipso facto* intensified, and the vascular system of the patient is emptied for all practical purposes; so, at least, I have found it as far as the veins of the extremities are concerned. At such an appalling moment, excluding, if one can, all sentimental considerations, it has always occurred to the practitioner, as it has to me, to consider how to restore the vital fluid, or failing that, what other medium can be introduced in order that the heart may find a material to fill its cavities. But it must further be remembered that the cause of death is also owing, in some cases, to the formation of thrombi in those parts where a portion of blood has remained, similar to the ending often observed in slow deaths. So that if the patient goes beyond a certain state, not easy to determine, recovery is almost impossible.

Now, the late Dr. Blundell, who was Obstetric Physician at Guy's many years since and who was much in advance of his time, recommended transfusion in such cases, and employed a double-acting syringe, which I found and used soon after my appointment at Guy's. But the rapidity with which blood coagulated rendered it very impracticable and almost certain to introduce thrombi. I therefore discarded it, and tried a small funnel with tube attached, ending in a small nozzle of silver. I found that bubbles of air clung to the tube and obstructed the flow. I then dilated the middle of the tube, the compression of which caused movement forwards. But none of these arrangements were satisfactory. Whipping the blood was at that time recommended, but upon trial I found that even strained there was a certain risk of small thrombi entering; and besides it did not convey the red particles.

I therefore asked Dr. Pavy, no mean authority, to help me to find a salt which prevented fibrillation, and he kindly suggested the use of solution of sodium phosphate as the safest to prevent fibrillation. By safest, we meant not liable to destroy the blood corpuscles. I then put it to the test of experiment. I tried it on two dogs by using their own blood, adding before injecting it back a solution of sodium phosphate of same sp. gr. as the blood. The dogs took things very kindly, and were reported, a few days after, to be "eating their heads off." I was not sanguine enough to expect my next patient to do the same, but the next case of flooding I had I used the solution and was charmed by the facility it gave one in the operation. These cases are described in the paper alluded to in Guy's Hospital Reports, vol. xiv., 1868. In all the facility was the same.

It has been pointed out that in none of the four cases did any permanent benefit follow. However in one case—where a lady was transfused from her son—she lived a day, and from complete insensibility was restored to sufficient consciousness to be capable of directing her affairs. Still it may be borne in mind that these cases were all done as a last resource, when most profound anæmia existed, not in the slighter ones which might have recovered without it; and this really makes one of the great difficulties of determining the value of any mode of transfusion. I remember a case in Trinity Square. A young woman had been confined; there had been very great flooding, the doctor had removed the placenta. He had an engagement in the City; on the way he called asking me to go down, and he would be back in a minute. I found the patient absolutely pulseless, and so she continued (without further loss) for more than an hour; but next day I was told she was "all right as if nothing had occurred." In my next, by your favour, I shall discuss the objections made in former numbers of this GAZETTE.

J. BRAXTON HICKS.

Physical Society.

The usual Meeting of the Physical Society was held in the Smoking Room of the Club, on Saturday, Nov. 12th, at 8 p.m., Mr. Daldy in the chair. About 65 members and visitors were present.

Mr. SEWILL, L.D.S., read a paper on the Ætiology and Bacteriology of Dental Caries, and illustrated his lecture by a series of micro-photographs thrown on a screen by means of the oxy-hydrogen lantern. After the lecture, a number of interesting microscopic specimens was exhibited in the Reading Room.

Mr. STONER, in opening the animated debate which ensued, remarked that Mr. Sewill's paper was so clear in every way that discussion would be difficult. He congratulated the Presidents of the Physical Society on having a Dental evening in the Session.

Mr. TA'BOIS disagreed with Mr. Sewill's statement that the inherent defect of dentine was responsible for the effects of decay.

Mr. H. E. DURHAM asked what was the relation between the organism and caries—was there any particular coccus which produced caries, or was it the coccus of general decay? He pointed out the necessity for knowing this, because different antiseptics had different actions on the various organisms—if we knew the specific micro-organism we might be able to select a special antiseptic to treat it.

Mr. MAKEPIECE spoke of the pigmentation of caries.

Mr. EVERY CLAYTON asked how, as there were very few physiological elements in the enamel, could the bacteria live.

Mr. HOVENDEN remarked that as acidity was necessary for caries to commence, it would be difficult to take place unless the alkalinity of the tartar was neutralised.

Dr. PANE spoke of the peptonising effect of the bacteria.

Mr. LEATHES pointed out that the nourishment of the bacteria was not derived from the teeth, but from the débris of food.

Mr. BLIGH asked how mercury had such an effect on teeth? Why did it attack children so much more than adults?

Mr. TURNER pointed out that the tubes could calcify and thus protect themselves from caries.

Mr. PARRY asked if one jaw was affected more than another and one tooth more frequently than the next? Had antiseptic washes any influence on the prevention of caries?

Mr. HARRIS asked if too vigorous use of a tooth-brush caused any harm.

Mr. WOODCOCK wished to know if micro-organisms had been found in the peculiar disease known as eroding.

Mr. BEDDOE pointed out that there was no analogy between dental and osseous caries. Had heredity any influence on caries?

Mr. CARPENTER wanted to know whether the wearing of artificial teeth facilitated the action of micro-organisms.

Mr. REYNOLDS asked if instruments were the means of conveying microbes to the teeth. Also whether diet had any influence on the production of caries.

Mr. APTHORPE referred to another theory of dental caries—the decomposition of the teeth had been put down to the effect of electricity.

Mr. SEWILL, in reply to these numerous questions, pointed out that there was no specific organism of caries—it was the ordinary microbe of decay. Pigmentation was due sometimes to bacteria, sometimes to hæmatin of the blood. The reason that mercury attacked children so much more than adults, was that the teeth were then in a state of development. The teeth most attacked were the six-year-old molars. Antiseptic washes were of some use, but it was very difficult to keep the mouth really clean.

EXAMINATION PAPERS.

ROYAL COLLEGE OF SURGEONS OF ENGLAND

DIPLOMA OF FELLOW.

FIRST EXAMINATION.

ANATOMY.

1. Describe the origin, course, and distribution of the arteries which supply the brain. Trace the course of the cerebral veins as far as their terminations in the sinuses.

2. Describe the greater and lesser sacro-sciatic ligaments, giving their attachments to bone, their continuity with neighbouring structures, and their immediate relations.

3. Describe the cutaneous branches on the following nerves:—(*a*) musculo-spiral, (*b*) ulnar, (*c*) anterior crural.

4. Describe the duodenum, giving the exact relations of its various parts and the disposition of the peritoneum to them. Trace the development of the stomach and duodenum. (*No account of structural or minute anatomy required.*)

PHYSIOLOGY.

1. What are the experimental data which lead us to believe:—(1) That certain constituents of the urine are formed outside the kidney? (2) That different urinary constituents are secreted in different parts of the urinary tubules?

2. What phenomena accompany fatigue in striated muscle? How have they been studied in an excised skeletal muscle?

3. Describe the nerve-endings in the cornea, skin, subcutaneous tissue, and striated muscle; and the methods by which they may be demonstrated in each case.

4. What temporary variations in volume may occur in the Spleen, a Kidney, and a Limb? How are they caused, and how have they been studied?

THE FELLOWSHIP.—Examiner (indicating black dot on head of spermatozoon due to a slight concavity) asks what it is. Candidate: "A rudimentary eye."

DR. JOHN CHARLES STEELE.

From a Photograph by H. S. Mendelssohn, London.

Passim.

The *Clinical Journal* is a weekly publication that first saw the light on the 2nd of this month. It contains four clinical lectures in each number, on medicine, surgery, gynæcology, and one of the special branches of medicine and surgery. It expressly states in its prospectus that there will be "no leaders, notes on current events, reports of society meetings, or correspondence;" but it proposes to give some short clinical notes and prescriptions, and a series of articles on Spas and Baths in addition to the three lectures. The contributors of lectures in the first numbers are Mr. Bryant, Dr. David Lees, Dr. John Williams, Mr. Jonathan Hutchinson, Dr. Ralfe, Mr. Mayo Robson, Dr. Herman, Mr. Tweedy, Sir Dyce Duckworth, Mr. Morgan, Dr. Champneys, and Mr. Malcolm Morris. Those who can learn best from desultory reading should find this paper invaluable: and useful and interesting reading for all students is sure to be found in it. We shall look forward to seeing it every week.

Last week the Dental School entered into its new quarters by the side of Petersham House. This was no inconsiderable task, as it involved the removal of fifty operating chairs, stools and tables, together with the entire stock of the department. This was completed so rapidly that patients were being attended in the New Conservation Room within three hours of the receipt of the order for removal.

We understand that the reason for so suddenly taking this step was the announcement of the decision of the Royal College of Surgeons to utilise our Dental School at the ensuing L.D.S. Examination for the practical work of "Candidates from Guy's Hospital and the Provinces." Our men will thus share in a convenience enjoyed for many years past by the students of the Dental Hospital of London.

The funeral of Dr. Steele took place on Thursday the 10th. The first part of the service was taken in the Chapel of the Hospital at 1.30; and was attended by many of the Staff and Governors, the Nursing Staff and Students. The seats in the body of the Chapel were occupied by the funeral party, the Governors and Staff, those in the aisles being reserved mainly for Students, and those in the galleries for the Nursing Staff. At the service there were two hymns, "Lead kindly Light" and "Now the Labourer's task is o'er."

We are glad to learn that arrangements are likely to be made to utilize the £1,000 left by Dr. Beaney, for the foundation of a Scholarship in Materia Medica, by endowing a Scholarship on the lines of the "Gull Studentship," the object being to advance our knowledge of Materia Medica by means of original investigations.

We have been asked to inform those of our readers who have entered their names for a Subscribers' Copy of the "Biographical History of Guy's Hospital," that the whole edition has been applied for, and it is expected that the work will be out of the printer's hands very shortly.

Our Association Team has, for the time, lost the services of two players by accidents. Stamford is disabled by periostitis of the shin, and Sharpe is laid up with acute synovitis of the knee.

The New Pavilion at the Honor Oak Park ground is making rapid progress; the roof is being put on, and before long it will be finished. A drawing of the building will be reproduced for our next issue.

We see that at Edinburgh a class in cookery is held for Medical Students. This seems to be a practical and useful idea. We should like to see the Examiners at the College take it up.

The results of the first examination for the Fellowship of the Royal College of Surgeons are coming out as we go to press. The mortality has been severe as usual; but we have much pleasure in congratulating Messrs. H. E. Counsell and Pollard.

We are also pleased to hear that Messrs. Archdale, P. Lord, Lumley, and P. M. May have gained the 1st, 4th, 6th and 11th places respectively at the Navy Medical Service Examination.

We have had a letter from a correspondent complaining of the arrangement by which the appointment of Dresser in the Eye Wards lasts for four months instead of three or some multiple of three. And it has often seemed to us to be a pity that it could not be made to fit in with other appointments without leaving gaps that it is difficult to fill.

We learn from the *Globe* that, at a recent sitting of the Southwark Police Court, there was not a single night charge to be dealt with —an unprecedented event in the annals of the court. This court has a jurisdiction over 200,000 inhabitants, of a very poor character, and formerly notorious for the worst description of crime.

We would call the attention of everyone to the notices of the Smoking Concert to be held to-night. All the "stars, artistes, and lion comiques" will be there, so our advice is to all, don't miss it.

Last Wednesday a special Matinee was held at the new Trafalgar Square Theatre, in aid of the Society for the Prevention of Cruelty to Children. Among the list of the chorus on that occasion we noticed the names of Messrs. Coulson, Robinson, Van Someren, Gibson, Michael, Rice, and Scott Turner.

It seems a great pity that a certain number of men appear to regard the Museum as a fit place for a quiet (?) chat, and this failing is by no means confined to junior men. We are always hearing complaints of the noise made there, which entirely prevents good work. Surely men ought not thus to throw away the advantage of the excellent models.

The 1st XV. again disappointed the (sporting editor of the) *Evening News* last Saturday, when they defeated Croydon by the substantial margin of three goals one try to one goal. While on the subject of football, we would ask the secretaries of the clubs to gratify the wishes of all followers of our sports by sending more regular notices of their results to the papers. It is not pleasing to see notices of the matches of other Hospitals in the Sunday papers while Guy's are omitted.

The 2nd XV. accomplished a great performance last Saturday by defeating Croydon 2nd XV. Various reports have reached us of the greater weight of our opponents' forwards, but we can assure our readers it was something between one and ten stone per man. Our three-quarters played a splendid game throughout, and to them the result was chiefly due.

PASS LIST.

CONJOINT BOARD.—FINAL EXAMINATION.

Anderson, C. M.	Gillbard, R.
Brabant, R. H. W. H.	Gregar, C. G.
Bryant, H. A.	Huntley, E.
Cartwright, E. H.	Jago, A. T.
Cresswell, F. P. S.	Lister, T. D.
Fleury, C. M.	Roberts, S.
Floyd, S. G.	Robinson, F. A.

Rooke, E. M.

APPOINTMENTS.

Hodson, Frederick, M.R.C.S., Eng., L.S.A., has been appointed Medical Officer of Health, for Hornsea-with-Hornsea Burton, Urban Sanitary District of the Shirlaugh Union, vice Thompson.

Hooper Alfred, M.R.C.S., has been re-appointed Medical Officer of Health for the Second Sanitary District of the Burton-on-Trent Union.

Hospital News.

IN THE WARDS.

PHILIP 1.—Empyema.
2.—Coma. Slight facial paralysis. ? Acute meningitis. ? Cause.
3.—Ascites. Malignant disease of liver. Patient came in to be tapped. Abdomen very tense. No tumour made out. After tapping, a number of tumours made out, apparently connected with liver or omentum.
4.—Acute rheumatism. Mitral regurgitation.
7.—Phthisis.
8.—Diabetes mellitus.
10 & 11.—Plumbism.
12.—Aortic stenosis and regurgitation.
13.—Typhoid.
14.—Pain in legs. Thickened tibiæ. Syphilis. Aortic regurgitation.
15.—Mitral and tricuspid regurgitation. Enlarged liver. Ascites. Loud systolic thrill over mitral area.
16.—Peripheral neuritis.
17.—Chronic tubal nephritis.
18.—Empyema.
19.—? Ataxic paraplegia.
20.—Hemiplegia (left). Boy æt. 6. ? Cause.
21.—Mitral stenosis and aortic regurgitation.
22.—Plumbism. Wrist-drop.
23.—Chronic tubal nephritis.
24.—Typhoid fever.
25.—Right pleuritic effusion. Tinea versicolor.
29.—Aortic stenosis and regurgitation.
30.—Diabetes mellitus.
31.—Cervical caries.
33.—Pseudo-hypertrophic muscular paralysis.
34.—Left hemiplegia. Mitral regurgitation. Embolism.
36.—Jaundice. ? Malarial cirrhosis.
39.—Ascites. ? Cause.

STEPHEN 2.—Eczema.
3.—Gonorrhœal arthritis.
4 & 8.—Typhoid fever.
6.—Glycosuria. Albuminuria. Phthisis. Cataract left eye. Diabetes mellitus. Urine 10 20. Small amount passed daily.
7.—Recovering pneumonia (double).
10.—Anæmia. Hæmatemesis.
11.—Aortic disease. Bronchitis. Cheyne Stokes' breathing.
12.—Pain in left side. ? Cause.
14.—Facial erysipelas.
15.—Chorea.
17.—Mitral regurgitation.
18.—? Recovering pneumonia. ? Empyema.
19.—Rheumatism. Erythema nodosum. Stomatitis.
21 & 22.—Phthisis.
25.—Paresis of legs. ? Lateral sclerosis.
27.—Locomotor ataxy.
30.—Jaundice. Malignant disease of liver.
31.—Phthisis.
32.—Phthisis. Ascites. Chronic Bright.
35.—Aortic stenosis and regurgitation.
36.—Bronchitis. Mitral regurgitation.
38.—Mitral stenosis and regurgitation. Tricuspid regurgitation.
39.—Diabetes mellitus.

MARY 1.—Anæmia. Thrombosis right femoral vein.
2.—Gastric ulcer.
3.—Chlorosis.
4.—Rheumatoid arthritis. Mitral regurgitation.
6.—Chronic Bright. Uræmia.
8.—Typhoid fever.
11.—Rheumatoid arthritis.
12.—Phthisis.
13.—Cerebral tumour. Optic neuritis (clearing up)
14.—Erysipelas of right leg. Pleurisy.
16.—Chorea.
17.—Empyema.
18.—Paresis of limbs. Optic neuritis. Retinal hæmorrhages. Cerebral tumour. ? Pons. ? Cerebellum.
19.—Exophthalmic goitre.
22.—Rheumatism. Psoriasis. ? Syphilitic.
23.—Mitral stenosis and regurgitation.
25.—Gastric ulcer. Mitral stenosis.
26.—Chorea.
27.—Aortic and mitral disease.
29.—Chronic tubal nephritis.
30.—Pityriasis rubra (recovering). Ascites. ? Cause.
31.—Diabetes mellitus.
32.—Jaundice. Malignant disease of liver.
33.—Continued pyrexia. ? Typhoid fever with relapse. ? Tuberculosis.
36.—Peripheral neuritis.
38.—Diabetes mellitus.
39.—Acute bronchitis.
40.—Left hemiplegia. Rigidity. Exaggerated reflexes.
41.—Lateral sclerosis.
43.—Mitral regurgitation.
47.—Phthisis.
48.—Pernicious anæmia.
49.—Acute rheumatism.
50.—Chlorosis.

UNDER DR. PYE-SMITH.

PHILIP.—Acute nephritis; uræmia; erythema; recovery.—W. S., 37, sent up on Oct. 18th as a case of typhoid. Temperature 103°. Six years ago an attack of acute nephritis; history of syphilis and drink. Three weeks ago rigors, diarrhœa, and abdominal pain. He very soon recovered from this. On the 14th diarrhœa, very frequent, sometimes as much as 40 times a day, vomiting, dark coloured and very scanty urine. Condition on admission—Urine; acid blood, albumin 7 per 1,000, blood casts; pain in loins, diarrhœa, vomiting. No spots on abdomen, no enlarged spleen, pain in epigastrium. Patient was treated by rest in bed, dieting, diaphoretics, and diuretics. He was fed successively with milk, broth, fish, chicken, meat and vegetables. Jaborandi was given, and pilocarpine injected; hot-air baths had not much effect, but hot baths at once diminished quantity of albumen. The flow increased from 3 ozs. on October 22nd to 37 on Nov. 2nd, and 70 ozs. before discharged on Nov. 12th. Diarrhœa and vomiting disappeared in about 10 days. On the 7th Nov. erythema developed on limbs and back; soon subsided under treatment with 1 in 60 carbolic. On discharge, urine normal, with exception of a very slight trace of albumen.

UNDER DR. GALABIN.

DORCAS 15.—Tubal fœtation.—L. P., 26, admitted Oct. 11th. History of having missed two periods, and then continuous slight loss and pain in abdomen for last three weeks. On abdominal examination, mass felt above Poupart's ligament in right inguinal region, per vaginam large, smooth elastic mass in Douglas' pouch; uterus pushed upwards and to the left; sound passed 3 inches. On Oct. 25th, recurrence of pain with rapid increase in size of mass till on Oct. 29th it reached nearly to umbilicus. Abdominal section by Dr. Galabin showed rupture of sac of an ectopic fœtation of right tube between layers of right broad ligament, in which 30 ozs. of clotted blood were found stripping off peritoneum. No signs of an ovum, but site of placenta in cyst well marked, and chronic villi shown under microscope; removal of sac and tube. Patient did well after operation, and is now convalescent.

DORCAS 17.—Ovarian Tumour.—E. S., 16, admitted Nov. 9th. Amenorrhœa with swelling of abdomen of seven months. On admission, tense fluctuating tumour reaching from pubes to sternum; dulness all over except in right flank; thrill well marked. Abdominal section on Nov. 11th. Large ovarian tumour; 11 pints of fluid; multilocular; no adhesions; cyst very thick; wall removed. Patient is doing well since operation.

DORCAS 18.—Double Pyo-Salpinx.—F. L., 22. Admitted Oct. 23rd. History of miscarriage four months ago. Acute pain in lower part of abdomen with menorrhagia for two months before admission. V.E. revealed a rounded swelling to the left and behind cervix, pushing uterus to the right. Very tender on pressure. Abdominal section on Nov. 4th. Left tube dilated to size of a hen's egg, and containing sweet pus. Right tube in same condition, only small; both tubes and ovaries ligatured and removed. During removal the right tube gave way at its fimbriated extremity, and pus escaped into abdominal cavity, which was irrigated. Patient has made a good recovery.

UNDER DR. HORROCKS.

DORCAS.—Tubal fœtation.—E. S. 28, admitted Oct. 27th. History of eight weeks' amenorrhœa; two weeks ago sudden pain in abdomen with vomiting; another attack with same symptoms five days ago and on day of admission. Admitted two a.m.; pulse 150. Patient collapsed; abdominal section half-hour after admission; peritoneum full of liquid blood; left tube dilated near uterus into a smooth walled cavity, ruptured in one place; placental site oozing; no signs of ovum; left tube and ovary ligatured and removed. Intravenous injection of saline solution to six pints. Though greatly collapsed after operation, patient rallied and made an uninterrupted recovery.

UNDER MR. LUCAS.

CLINICAL P.R.—Emma B., 35. Admitted for abdominal tumour reaching up to within an inch of the umbilicus, which had been present for six years; on admission, the tumour was moveable, but apparently attached to the uterus, and solid. Abdominal section showed a large fibromyoma growing from the front of the uterus, and measuring seven inches across. Mr. Lucas determined to remove it with the uterus and appendages. The vessels in the broad ligaments were secured one by one on each side, and the broad ligaments divided; an elastic ligature was put round the cervix and a flap dissected off the back of the uterus, and everything else above the ligature removed. The flap was then stitched over the stump, and the cut edges of the broad ligaments stitched. The operation was on the 1st of November; there was never a bad symptom, and the patient is now up.

LYDIA 11.—A. E. S., æt. 63. Sent up for strangulation of an old femoral hernia. Four days previously she was constipated, and on the following day began to vomit. No taxis was tried, but she was operated on at once. The hernia did not seem to be strangulated. After operation vomiting continued as before, vomit not stercoraceous at any time, but foul. There was slight albuminuria, feeble pulse, not an "abdominal" face. On the third day œdema of chest and abdomen and feet appeared. Patient getting very feeble. On the fourth day she died; shortly before death a crystalline sweat came out on her forehead; the crystals on examination being long needle-shaped prisms of urea. Post-mortem, granular kidneys.

UNDER MR. DURHAM.

CORNELIUS 2.—T. W., 29, painter. Admitted October 4th, with contused wound about 2½in. long round upper and inner sides of left eye; considerable ecchymosis; proptosis; globe moves synchronously with pulse; globe not wounded; V=fingers at 2ft. Sensible, but somewhat under the influence of alcohol. Ice applied at first, subsequently hot boracic fomentations. 5th: V=P.L.; iris reacts slightly; proptosis and ecchymosis more marked; fundus reflex good, except at inner and outer sides. 10th: suppuration in orbit; loss of polish of iris; V=P.L. slight. Gets out of bed at night. Septicæmic condition. 14th: suppuration of cornea; very restless at night. 18th: Under ether, Mr. Durham removed the left globe; pus and blood-clot removed from orbit; fracture of orbital plate of frontal; one loose piece of bone removed; a large hernia cerebri into orbit; irrigation with Lotio Hydrarg. Perchlor.; Iodoform and hot boracic dressings. 22nd: better generally; free discharge of creamy pus. 28th: drowsy in day and restless at night. 30th: very drowsy; frequent yawning; will obey behests sluggishly. R. E. slight photophobia; O. D. normal. November 4th: Cheyne Stokes' respiration last two or three nights, disappearing in morning; still very drowsy. 6th: less drowsy; will answer questions; no optic neuritis. 7th: very drowsy again; had to be fed with nasal tube. 11th: patient is much better, talks and answers questions, and takes notice. Still progressing. Discharge of pus slight There has been no sign of any paralysis in the limbs. About October 28th, when yawning, the mouth was drawn slightly to the right, and occasionally there was a little twitching

of the right angle of the mouth. Temperature slightly raised at first, latterly usually normal, but occasionally rising above 100°. The amount of discharge has scarcely varied.

CORNELIUS 20.—J. P., 53. Admitted November 1st. Run over chest by cab. Seventh left rib fractured; extensive surgical emphysema of left side of chest; very slight respiratory distress; entry of air into left lung slight; probably no pneumothorax; no hæmoptysis. Chronic bronchitis. Now convalescent.

LAZARUS 6.—W. F. W., 63. City agent. Epithelioma of floor of mouth invading tongue; six months' history; no glands felt. October 29th, under CH Cl_3, preliminary laryngotomy followed by removal of growth with floor of mouth and anterior two-thirds of tongue; it was necessary to slit the right cheek. Laryngotomy tube removed on 14th day. Uninterrupted progress; stump nearly healed.

LAZARUS 8.—J. L., 33. Admitted October 29th, with charbon pustule low down on back of neck. Works in leather factory (hides chiefly from the Cape). Noticed pimple on 23rd; centre became black. On 28th became feverish; 29th excision; pulv. Ipecac. dressing; Ipecac. also internally for three days. Convalescent.

LAZARUS 10.—E. T., 52, paraffin refiner. Epithelioma of forearm; commenced two years ago as pimple on skin; very rapid increase during last six weeks. Fungating ulcerated mass about five inches long, extending nearly all round right forearm; very foul; does not bleed readily; one or two hard glands to be felt in axilla. Patient much pulled down in health.

LAZARUS 17.—T. W., 13. Symmetrical large ganglia of sheaths of extensor tendons of hands; ? disease of left wrist also phthisical family history; ? some mischief at right apex.

MARTHA 9.—M. W., 61, widow. Constriction of rectum by epitheliomatous growth of posterior lip of cervix uteri; diarrhœa six months; no blood or mucus from rectum; obstipation; ileus; left lumbar colotomy; great relief. Convalescent.

Correspondence.

To the Editor of GUY'S HOSPITAL GAZETTE.

DEAR SIR,—I see that there is to be a Pathological Evening at the Physical Society next Saturday. There are a great many specimens of pathological interest which have recently been sent to the museum from the surgical wards and the post-mortem rooms, some of which I shall be pleased to put at the disposal of the dressers or ward clerks of the cases to exhibit to the Society. Application should be made at the museum any morning between 11 and 12.—I am, yours truly.

THE CURATOR OF THE MUSEUM.

THE FIRST CONJOINT.—Examiner (holding up os innominatum, and pointing to obturator foramen). Candidate: "Oh, that 's the nutrient foramen."

GUY'S HOSPITAL DEBATING SOCIETY.

The second meeting of this Society was held on Saturday, Nov. 5th, Dr. Washbourn being in the chair.

An amendment to Rule 12, granting the opposer of a motion the right of reply, previously enjoyed by the proposer alone, was unanimously carried; and Messrs. Steward and Allan were recommended to the Committee as candidates for the vacancy upon that body created by the resignation of Mr. G. Mackeson.

The subject for discussion was one which aroused no warm partisan feeling, and it was therefore all the stronger evidence of the popularity of the Society that the debate should have been so well attended and so keenly maintained.

Mr. H. J. SPON moved—"That this House approves of the principle of Female Suffrage." Women already had the vote in France, Italy, Denmark, Wyoming, the Channel Islands, and the Isle of Man. They already had a municipal vote in England, and the results were everywhere alike stated to be beneficial. He denied that there was no demand for the reform. Women were vitally concerned in such questions as the Hours of Labour in Factories, the Laws of Divorce, the Deceased Wife's Sister's Bill, and he claimed that they were experts in their own subjects. It was alleged that no good would result from the change. The same had been said in 1832, 1867, 1885, but the Reform Bills of those years had their respective results in Municipalities, National Education, and Allotments. He thought similar beneficial results might be expected of Woman's Suffrage. In conclusion, he quoted Lord Beaconsfield to the effect that the exclusion of the votes of women had been injurious to the interests of the country; and Mr. Gladstone, as saying that participation in politics involved no departure from the character of Women.

Altogether, Mr. Spon made out a capital case, and handled a serious subject in a serious manner with excellent results. But the House could not forget that Mr. Spon is a wag, and we fancy it likes his witticisms too well not to miss them keenly.

Mr. HARNETT opposed. He thought that, the thin end of the wedge being brought into play, the final result would be Womanhood Suffrage. Then the women's vote would be numerically stronger than the men's. Were we prepared to face that? He did not say women were inferior to men, but he quoted Dr. Playfair and Sir James Chrichton Browne to show that at least they were differently constituted. He thought that we should be loading the register with inactive votes; or, on the other hand, remembering the ductility of women, we should be playing into the hands of the Socialists, who would gain the solid support of the factories. Surely that essential to national well-being, a happy home life, would be decreased. It behoved us to hesitate in giving women duties outside their natural sphere, and to preserve their cardinal qualities—beauty, constancy, and affection.

Mr. HIGGINS continued the discussion. Speaking purely *pour rire*, he gave some amusing reasons why

Guy's men should vote for the Reform. He was quite sure that, if women were attracted by the pursuit of medicine, a career at St. Stephen's would be even more seductive.

Mr. C. H. ORAM opposed the change in a most promising maiden speech. He quoted the Married Women's Property Act as showing that women's interests were not neglected under the present system. The proposed Reform was not an extension of the franchise, for that would imply that Woman occupied a position lower than the agricultural labourer's. He thought that women should take up the Law and the Church as preliminary training. In America, where they had had every chance, their record had not been good. The men of England had built up an incomparable Empire—let them not entrust its destinies to those who had had no direct share in rearing its fabric.

Mr. STATHAM denied that Woman's sphere was confined to cooking a chop and warming a slipper: and Mr. Jenkins asked how the opponents of Plural Voting liked the principle of basing Woman's Suffrage on the Property Qualification—a pertinent enquiry that received no answer, doubtless owing to the clouds of logic with which Mr. Jenkins unfortunately obscured his meaning.

Mr LAWTON did not think women fit for the exercise of political judgment. He cited their position on the Vivisection Question as proving them to be too emotional.

Mr. BURRELL followed on the same side. Women were creatures of impulse. He accepted the judgment of Rome and Greece, which thought she was best at home.

Mr. RYGATE, who had been "interested in the question for many years," was also opposed to the Reform.

Mr. COLEMAN denied that women had no interest in politics. They had interest and a stake as well. He would like the opponents of the resolution to define that "womanliness" they spoke so much of. Did they mean simpering in a drawing-room and talking scandal to all the calls? If so, let us end it at once. If, on the other hand, they meant those qualities which really made woman the helpmeet of man, he contended that the proposed Reform would not destroy but would increase womanliness.

Mr. PASSMORE was opposed to the change. He supported his views, in an excellently delivered speech, by an encyclopædic assortment of the views of eminent authorities. The Prince of Wales, Miss Clementina Black, Lady Florence Dixie, Mrs. Lynn Linton, and George Eliot were all pressed into the service; and Miss Cobbe was held up as a warning of the evil results we should have to expect if we adopted the resolution.

Mr. L. A. PARRY pointed out that the majority of women over twenty-one were married, and stated that his own acquaintance proved to him that they did not desire the vote. The presence of women in the Cabinet was an ulterior consequence that he viewed with horror.

Mr. RICE supported the resolution. Gentlemen opposite laughed at the idea of justice being involved in the question, but it was involved, and it was the first thing to be sought.

Mr. HANDLEY contended that no injustice resulted from the present system. The English electorate was already too flabby. He had, in a sacrilegious spirit, been devoting some time to a study of *The Queen*, and he found that out of forty pages only a third of a page was devoted to politics. Women did not like the subject. He feared that they joined the Primrose League only for the tea parties and the petty decorations and titles.

Mr. HARNETT then replied for the Opposition. He was unable to take Mr. Higgins' arguments seriously, and declared that none of the other arguments in favour of the resolution were worth replying to.

Mr. SPON concluded the case for the resolution. He denied that women would necessarily sit in Parliament. Clergymen and Civil Service servants could not sit. Those who spoke of women being unfit for Government forgot that the Queen was the head of the country.

A division was taken with the following result:—

Against the motion ...	27
For the motion	16

The motion was accordingly declared lost, and the meeting adjourned.

Sport.

RUGBY FOOTBALL.

GUY'S v. KENSINGTON.

This match was played at Wood Lane, November 5th. The play needs but little description, consisting for the most part of tedious scrums, on a wet and slippery ground. Kensington won by a try (obtained by Marshall in the last minute) to nil. The forwards were, as usual, utterly over-weighted, but made a determined and plucky stand throughout. In fact, they showed great improvement; tackling and lining out better than they have done before. The less said of the backs the better. They seemed quite incapable from beginning to end, which is a very extraordinary accusation to bring against such backs as we have, but none the less true. For the smallness of the score against us, the whole credit must be given to our plucky little back, Alexander. He was as nearly as possible perfect, time after time collaring beautifully, when a score seemed certain. Spon was given a trial at three-quarters, vice Bell (injured). He never got a chance of running, and his collaring was on a par with that of his confrères, which being translated means, he scarcely ever collared his man.

GUY'S.—K. B. Alexander (back); J. W. Ensor, W. J. Hancock, H. J. Spon (three-quarters); M. P. Jones, H. M. Stewart (half-backs); E. T. Shorland, R. J. Rowlands, V. E. Collins, E. C. Hort, N. H. Pike, R. F. Clarke, H. W. Dudgeon, A. N. Nicholson, and Rice (forwards).

GUY'S v. CROYDON.

A greater contrast than the play of Guy's backs, on the two dates, November 5th and 12th, it is impossible to imagine. The latter date saw our men at Croydon, in fine but foggy weather, so foggy indeed that during the last quarter of an hour it was impossible to see the ball farther than twenty yards.

Croydon kicked off, and at once pressed. A series of scrums taking place in Guy's 25. This was at last relieved by a couple of forward rushes to the half-way. Then some splendid passing between the halves and Hancock must have scored, if the latter's pass to Bell had not been intercepted. A few minutes afterwards, another splendid round of passing between the same men, enabled Bell to score, from which Hancock landed a goal. From this up to half-time, Guy's made repeated attacks but could not quite score, the passing being of the most brilliant description. Immediately after half-time, Croydon equalised, a clever run by Kelsey landing the ball nearly behind. (Might we at this stage of the game inform Jones that there are such things as clips, to prevent bootlaces from coming undone.) After this Guy's buckled to, in splendid style, and kept Croydon on the defensive pretty well to the end. Tries were scored by Hancock (after a brilliant run) Bell and Ensor, the latter from a dribble over the line by "Dubby" Hancock. Shorland converted two out of the three tries, and Guy's won a brilliant passing game by 3 goals and 1 try to a goal (17 points to 5).

Alexander, we are sorry to say, has an injured ankle, and will not play for a couple of weeks probably.

The passing of Bell, Hancock, Jones and Stewart was simply perfect. We must especially congratulate Stewart on his extraordinary improvement, and hope that now he has learnt the "funny little ways" of his fellow-half, the improvement will be lasting. Also congratulations are due to the forwards for their successful efforts at wheeling the scrums. It is the only chance they have against their invariably heavier opponents. Teams:—

GUY'S.—K. B. Alexander (back); H. T. Bell, W. J. Hancock, J. W. Ensor (three-quarters); M. P. Jones, H. M. Stewart (half-backs); E. T. Shorland, R. J. Rowlands, E. D. Hancock, V. E. Collins, E. C. Hort, N. H. Pike, R. F. Clarke, H. W. Dudgeon, A. W. Nicholson (forwards).

CROYDON.—E. T. Turner (back); H. L. Turner, H. A. Flint, S. E. Hubbard, W. N. Kelsey, E. Ealand, D. H. Helps, E. W. Archer, E. H. Platt, F. H. Cossey, H. T. Hipwell, E. D. Finch Smith, G. R. Joyce, W. Falcon and S. E. H. Beamish.

GUY'S "A" XV. v. H.M.S. "WORCESTER."

Played at Greenhithe, November 5th, resulting in a win for the Hospital by 3 goals, 2 tries (19 points) to nil. From the kick-off it was apparent that we had an easy task before us. After five minutes' play, a pass out to the three-quarters enabled Morgan to score a try close to the posts, which was easily converted. Immediately after the re-start Garland got in right behind, the try however not being improved upon, owing to the ball being badly placed. Before half-time Morgan secured two more tries, one of which was converted. This success caused our men to slack off rather in the second half, and only one more try was obtained, close to the touch line, which was converted by Lichtenberg. The forwards played better than on the previous Saturday, but still shewed a marked disinclination to heel. Fry and Hills were perhaps the best of the pack. Morgan's first appearance for the team at three-quarters was a decided success.

GUY'S.—H. Walling (back); G. O. Garland, C. L. Lichtenberg and E. Morgan (three-quarters); J. B. Jones and R. Serjeant (halves); A. C. Fry, W. E. Hills, A. H. Finch, A. W. Powell, F. H. Hardy, R. Fell, E. J. O'Meara, Izard and Foster (forwards).

"A" XV. v. SUTTON.

Played at Sutton, November 12th, resulting in a win for our opponents by 2 goals (1 dropped) to nil. Sutton kicked off downhill, and play at once settled down in our "25." Smart heeling by their forwards enabled them to gain ground, but the tackling of our backs prevented their getting in, and it was not till five minutes before half-time that they scored, through the agency of Morrison. The kick, an easy one, was converted by Hooper. The second half was a repetition of the first, and about ten minutes before time, their centre three-quarter dropped a neat goal. This reverse caused Guy's to "buck up," and the ball was rushed down to their line. From a pass out by Michael we should have scored, but, unfortunately, our wing three-quarter was not in his place, and the opportunity was lost. Nothing more being scored, we were beaten 9 points to nil.

There is no reason to be discouraged at the result, as a few weeks before Sutton beat Streatham Park 1st XV. by identically the same points. Our forwards played gamely against a much heavier lot, but failed even to hold the ball. The halves tackled finely, but had no opportunities for passing. The three-quarters, as a rule, collared well, and Walling, as usual, was very safe at back.

GUY'S.—H. W. B. Walling (back); E. Morgan, C. L. Lichtenberg, J. B. Jones and G. O. Garland (three-quarters); Michael and Anderson (halves); S. Batchelor, W. Hills, A. E. Maturin, A. J. Wernet, A. K. Morgan, A. H. Finch, F. H. Hardy and Foster (forwards).

ASSOCIATION FOOTBALL.

GUY'S v. CHISWICK PARK.

This match was played at Chiswick Park, on Nov. 5th. Chiswick kicked off and at once took the ball down to our goal where they very nearly scored, the ball hitting the crossbar. Chiswick continued to press and a hot shot from their left wing was well stopped by Lavers.

After this, however, Guy's had a turn, and Stamford, getting possession, made a good run and centered well, but as the ball touched one of our opponent's hands, a free kick was given us. Hewitson took the kick and placed the ball beautifully into the mouth of the goal, whence Mumford headed it through and so scored our first goal. After the kick off Chiswick made several attempts to get through, but were well repulsed by our back division; Stamford and Laurence made a good combined run, and Fitzhugh shot over. We kept the leather in our opponent's half for a long time, but the shooting was rather erratic, Fitzhugh, Poole and Walker all going very close. Smith then stopped an ugly rush by Chiswick, and returned to Stamford who raced away again and centered well, but the opposing full backs got the ball away and their left wing made a futile attempt to get by Packer. Stamford kept on getting away, having the pace of his opposing backs, and we had hard lines in not scoring, especially from a hard shot of Sharp's which just went over. Laurence showed some pretty play and passed to Walker, who narrowly missed scoring. Guy's continued to have the best of it, our forwards giving the Chiswick goal-keeper plenty of work, and at last Laurence got away, and being tackled close to our opponents' goal he passed neatly to Stamford who shot the second goal. Half-time was then called.

Chiswick began to press after the game was re-started, and looked like scoring, our backs getting slack, and the result of it was that Chiswick Park scored their only goal. This woke our men up again, and they never afterwards gave Chiswick much chance. Stamford was several times prominent with good runs, but the Chiswick full backs were playing very well. It was getting very dark, but the game was carried on in a spirited manner. One of the Chiswick forwards got slightly hurt and had to leave the ground. Sharp scored the last goal of the match with a good shot, and we thus won by three goals to one. Stamford and Lawrence were very good all through, and worked well together. Fitzhugh played well, but his shooting was not so good as usual. Mumford showed greatly improved form, and Walker did several neat things. Our halves, as usual, played a strong, energetic game, and Packer and Smith were safe behind, except for a short time. Lavers stopped some good shots.

Team: R. Lavers (goal); H. G. Packer and W. H. M. Smith (backs); W. Poole, H. C. Sharp and H. Hewitson, capt. (half-backs); F. E. Walker and W. G. Mumford (right wing); R. T. Fitzhugh (centre); G. Laurence and R. B. Stamford (left wing).

GUY'S v. LUTON TOWN.

Played at Luton on Saturday, Nov. 12th, before about 2,000 spectators. Luton put their strongest team in the field, including Galbraith, their new Scotch centre-forward. We were weakened by the absence of Lidderdale (back) and Stamford, and played Evans, a second XI. half, at back, and Lawrence instead of Stamford. Luton kicked off, and immediately took the ball into our half, and scored with a splendid shot.

The game needs very little description, as it simply consisted of series of attacks on our goal, and an occasional break away by our forwards. In the first half Luton scored five times and we once.

In the second half they scored four times, and we scored twice, making the score when the whistle blew, Luton 9, Guy's 3. Luton have improved tremendously since last year, when we beat them by 4 to 1. Their forwards played a splendid game on Saturday, and shot with a precision that our forwards would do well to imitate. Their defence was nearly equal to their forward play. The feature of the game on our side was the goal-keeping of Lavers, who certainly saved us from a much heavier defeat.

Guy's.—N. Lavers (goal); H. D. Packer and E. Evans (backs); H. Hewitson, capt., H. C. Sharp and W. Poole (half-backs); G. Laurence and W. Waymark (left), R. T. Fitzhugh (centre), W. G. Mumford and F. E. Walker (right).

UNITED HOSPITALS SWIMMING CLUB.

First Annual Entertainment.

On Thursday evening, October 27th, the first Entertainment of the above Club was held at the St. George's Baths, Victoria, and was admitted on all sides to have been most successful. The chief event of the evening was the final of the Inter-Hospital Water Polo Cup, which was won by St. Bartholomew's Hospital, after a close and exciting game. F. Sachs, Esq, Otter S. C., kindly officiated as starter and referee for the Polo, and G. H. Rope, Esq., Otter S. C., acted as Judge. The programme was as follows:—

180 yards Scratch Race.—1st, E. Kennington (St. Bartholomew's Hospital); 2nd, A. Rouillard (St. Thomas's); won easily. Time, 4 min. 21 secs.

60 yards Handicap.—1st, V. G. Collins (Guy's), 4 secs.; 2nd, J. E. Cecil (Guy's), scratch; 3rd, E. V. Scott, 8 secs. A fine race, won by a touch, Scott being a foot behind Cecil.

Final of the Inter-Hospital Water Polo Cup.—St. Bartholomew's beat St. Thomas's by 3 goals to 1.

Clean Diving.—1st, B. S. Jones (St. Thomas's); 2nd, L. C. Thorne (St. Bartholomew's).

Throwing the Polo Ball.—1st, F. C. A. Thompson (St. Thomas's), 42 ft. 10 in.; 2nd, E. Bromet (St. Thomas's).

Plunging.—Williams (St. Thomas's).

Professor Francis and his pupils gave an interesting exhibition of ornamental swimming, and the presentation of the Prizes by the President, A. D. Fripp, Esq., brought the proceedings to a close.

Birth.

HOWSE.—On October 26th, at Brooke Street, Grosvenor Square, W., the wife of H. G. Howse, M.S., F.R.C.S., of a son.

Guy's Hospital Gazette,

DECEMBER 3, 1892.

ON COCK'S OPERATION.

A CLINICAL LECTURE BY MR. HOWSE.

I suppose it is on account of the deeply interesting subject I have chosen for to-day's lecture, that I have before me so crowded a theatre; that subject being the relief of retention of urine by operation, prominently Cock's Perineal Section.

There is a great tendency on the part of the general medical world to overlook the advantages of Cock's operation, but at this Institution it is still generally applied, as also by Guy's men elsewhere, partly no doubt from the regard and esteem in which its originator is held.

Three cases under my charge form the basis of my lecture.

Case No. 1.—J. S., aged 40, had gonorrhœa about twenty years ago. He is married, but has no children. He first noticed narrowing of his stream five years ago, but no pain on micturition, and since then has got gradually worse. On admission, there were two perineal fistulous sinuses through which most of his urine flowed. The urethra felt hard throughout the penile portion, and there was a stricture about a quarter of an inch from the meatus. A Syme's staff was introduced and Syme's perineal section performed.

Case No. 2.—D. L., aged 38, has had gonorrhœa twice badly, the last attack about three years ago, and since this he had constant discharge and increasing difficulty in passing water. When admitted he had retention of urine since the previous night. There was a tight stricture in the bulbous portion of the urethra and another just inside the meatus. Under no circumstances could a catheter or Syme's staff be passed. So Cock's perineal section was performed.

Case No. 3.—A man, aged 38, who had gonorrhœa nine or ten times, the last attack being about a month ago, and for ten years has had a narrowed stream, which has been getting worse for the last three months, until he was admitted with retention and gonorrhœa. A No. 7 catheter was passed, and a small amount of urine drawn off. Subsequently all attempts at the passage of instruments failed, so the bladder was aspirated suprapubically. There were three strictures, one in the penile portion, a second at the anterior layer of the triangular ligament, and a third in the bulbous portion. Cock's operation was performed

In No. 1, the patient was put under chloroform and a Syme's staff was introduced. The great advantage of this instrument is that it may be introduced where no other can, owing to the great control over its movements which may be had because of its broad handle. In this case, as the staff had been introduced, the operation to be done was Syme's external urethrotomy. It is thus performed: an incision is made commencing about one inch in front of the anus directly down upon the shoulder of the staff. The stricture is then divided by running the point of the knife forwards in the groove of the staff, and the incision into the urethra is extended towards the penile portion over the shoulder of the staff, which should be grooved as well as the thinner portion.

I strongly recommend Syme's operation whenever the staff can be introduced into the stricture, and a probe-pointed bistoury should be used for dividing the stricture.

In Case No. 2, nitrous oxide and ether were given, and unsuccessful attempts were made to pass Syme's staff and a No. 2 silver catheter. The man had retention and relief was urgent.

Acute cystitis usually accompanies retention. The urine is ammoniacal, phosphatic and purulent, so that if suprapubic puncture be performed the clear upper stratum of urine drains off, then

the purulent phosphatic deposit blocks the needle and the bladder cannot be emptied. When there is no cystitis the bladder may be completely emptied, or by a trocar and cannula, even if the urine be purulent; but then the urine soon accumulates again, long before the stricture has had time to relax, and the patient is no better than before the operation. Hutchinson says: "Go on aspirating until the stricture is dilated, but if after a fortnight it does not dilate, then perineal section must be performed."

Three methods are open to us—

When suprapubic puncture is present a staff (prostatic preferable) may be passed into the puncture, through the bladder into the prostatic portion of the urethra to the back of the stricture, and an incision made on to this from the perineum.

The other methods are Wheelhouse's and Cock's operations. In the former a straight staff with a small hook on the end is passed down against the stricture, the hook being held towards the pubes. It is then made to protrude towards the perineum, and the urethra opened on to it. The hook of the staff is then turned towards the incision and drawn out until it holds the urethral incision tense. The face of the stricture is then sought for, and when found, perhaps after great difficulty, a director is passed through it into the bladder and the stricture divided with a probe-pointed bistoury.

Whether Wheelhouse's or Cock's operation be performed, great skill and experience is necessary. If a penile stricture also be present a Wheelhouse cannot be done. Cock's operation meets the requirements of these cases. By it is meant not Cock's operation for tapping the bladder per rectum by means of trocar and cannula, which is very seldom performed now, but Cock's perineal section. Thus:—

The patient is held in the lithotomy position *perfectly* straight and symmetrical. The index finger of the left hand is passed into the rectum and the tip of it held on the apex of the prostate. This requires some delicacy and education of the sense of touch to the feel of the parts in relation to the rectum, which the student should take every opportunity of acquiring. The knife —a sharp double-edged scalpel $\frac{1}{2}$ inch or $\frac{5}{8}$ inch wide—is inserted about half an inch in front of the anus, and pushed straight in until the edge of the blade is felt in close proximity to the tip of the left index finger.

In passing the knife in the sensation of resistance in cutting through the tough triangular ligament, and sudden diminution of resistance on having cut it, may lead to the idea that the bladder is already reached, but a second rough substance—the prostate—must be cut through, after which generally a little urine trickles out at the side of the knife, but not always, for the muscular prostate may contract and grip the blade, thus preventing it.

Cock then says: "Withdraw the knife, and introduce a director into the bladder"; but it is safer to use the knife as a guide for the introduction of the director, and then, when urine comes, the knife may be withdrawn, a catheter put in, and the director taken out. If, in the first case, the knife has not reached the bladder, and a director cannot be introduced after it is withdrawn, then it must be again driven in, and this time it may not take exactly the same course as before, so that a double incision results. This fault may be obviated by passing the director before withdrawing the knife.

If the knife be driven too far it may incise the roof of the urethra, and the probe following may catch in this incision; if it do so, withdraw it a little, tilt it slightly downwards, then push it home, and it will slip into the bladder.

C. A. BRYANT.

APPOINTMENT.

Oldman, C. E., M.D., Cantab., M.R.C.S., has been appointed Medical Officer of Health for the Godstone Rural Sanitary District.

THE LATE DR. STEELE.

By the kind permission of the Chaplain, we are able to print some remarks which occurred in the sermon preached by him on the Sunday after Dr. Steele's funeral. That we have not yet fully realized the extent of the loss we have sustained, many of those most attached to Guy's Hospital are now feeling. One aspect of that loss is well and faithfully brought out in the following paragraphs:—

"I might say much of that courteous manner of his which listened so patiently to every word you had to say, and allowed so freely that you had a right to say it. If ever there was a man who was blessed with the Lord's blessing upon peace-makers, surely that man was the late Superintendent of this Hospital. I could myself, I think, consume some considerable space of time in telling of little acts my own eyes have seen him do, of little words I have heard him say, which made his kindliness of heart manifest to all who could appreciate such things, and there are some here who could bear better and fuller testimony than I can. But, while courtesy, kindliness of heart, and a love of peace and quietness will attract men to him who possesses them, they will not *hold* one man to another in any lasting bond of friendship or regard. It takes more than all that to make a man's death felt to be a loss personal to each one of us. We read, in our first lesson of this morning, of the prophet Daniel, and you know he is described as a 'man greatly beloved.' 'And wherefore,' said one, 'was he a man greatly beloved?" Said good Bishop Ken in reply, 'He did greatly love, and therefore was he greatly beloved.'

"It is now five years since I first shook hands with Dr. Steele in that little office there at the end of 'the Square,' where we have so often seen him busy at his desk. We did not quite agree on the point we were discussing, and we parted, I think, feeling that we never could be both of quite the same mind. But I came away from our interview with a veneration for the old man who had spoken so kindly to me, who had given me his whole attention so willingly and his time so ungrudgingly—a veneration which has increased upon me as I have increased in my knowledge of him, and is now joined to the warmer feeling of devotion and attachment. For Bishop Ken's words are ever being fulfilled, inasmuch as they do but express one pertinent application of our Royal Master's law: 'With what measure ye mete, it shall be measured to you again.'

"I have indulged in this little personal reminiscence because it has fallen to my lot in life to know Dr. Steele more intimately, perhaps, than most of you who are listening to me at this moment; and I may be able, therefore, to lay my finger more readily on the thing which makes us sad to-day with the sense of personal loss, when I describe what it seems to me *I* most miss. But I know you share this sorrow, and feel its smart as keenly as I. You gathered here last Thursday (did you not?), not so much because Guy's Hospital had lost one of its chief rulers and respect was due to his memory in virtue of his office. Neither did you simply wish to show your sympathy with his bereaved family, and would, in the united voice of Christ's visible Church assure them that they need not be sorry as men without hope. Rather was it known to you that you yourselves needed words of hope, and messages of consolation, and assurance of blessedness, because you yourselves felt that a friend had been taken from you, and a friend beloved, too, because he did greatly love.

"There lies the reason for our grief. He thought for us, he cared for us, he spoke for us. We were at all times in his heart, and he gave us of his best. 'He loved, and therefore was he greatly beloved,'"

THE LATE MR. HENRY MOON.

It is with much regret we have to record the death of Mr. Henry Moon, Surgeon-Dentist at this Hospital until within three years.

Dr. Braxton Hicks writes to us thus regarding him:—

"I knew Harry Moon from his sixth year. Son of Mr. William Moon—a gentleman in large practice at Tottenham, Middlesex—he was always in delicate health, and, when he grew up, it was a matter of importance to select a calling suitable to his condition. I ventured to advise him to qualify for the medical profession, with a view to his taking up Dentistry if he found himself at the end of his studies unfitted for the rough work of general practice. Of course I urged his entry at Guy's. This he did, and after passing his examinations, he studied at the Dental Hospital, taking prizes there. In due time he became Vice-President of the Odontological Society; Examiner in Dental Surgery at Royal College of Surgeons, Eng.; and on the retirement of Mr. Salter he was appointed Dental Surgeon and Lecturer on Dental Surgery at Guy's Hospital. Then he became Dental Surgeon to the Dental Hospital, London. He wrote the article on Dental Surgery in 'Bryant's Surgery;' also papers in Guy's Hospital Reports, and Odontological Reports, and the Journal of the British Dental Association. Unfortunately, his health failed him about four years since; and, after much urging by my dear friend, Moxon, he went to his brother in New Zealand, where he improved, and was able to assist a friend out there in practice. However, family affairs about a year ago required his presence in England, and he returned with a view of going back in a year; but his health again failed him, and he died on November 14th, 1892.

"For a time after his starting for New Zealand hopes were entertained that he might shortly return, consequently his appointments were not filled up for some time.

"Of a gentle, kindly nature, most conscientious, most generous, and thoroughly reliable, it was not a matter of wonder to his friends that he succeeded as highly in private practice as he did in his public position.

"A curious accident occurred to him when about 7 years old. He fell down stairs and nearly bit off his tongue in the middle, only about one-third remaining unsevered. I happened to be present and put in sutures. The tongue healed up rapidly, leaving in a short time scarcely a mark."

INTRAVENOUS INJECTION OF BLOOD WITH SODIUM PHOSPHATE.

(Continued from p. 335.)

In my former communication I pointed out how I first used sodium phosphate with blood in cases of sudden violent hæmorrhage. Some years after there was a discussion on Transfusion at the Obstetrical Society on the report of a Committee. In this discussion Dr. Schäfer said that solution of sodium phosphate destroyed the red corpuscles, but he brought no proofs in support. It so happened that I had overlooked this statement. As soon as I saw it I asked Dr. Washbourn to make some investigations on the matter, which he kindly did, as was set forth in this Gazette, with the result that so far as he could see there was no action on them. But my friend, Mr. Pye-Smith, rejoined by quoting a passage from Dr. W. Hunter's lectures on Transfusion in 1889 (see *Brit. Med. Assoc. Journal*), where he considers sodium phosphate does not fulfil the conditions he lays down as necessary. But not long before these lectures, cases had been recorded in Scotland in which excellent results had taken place after using blood with sodium phosphate in traumatic anæmia, by Mr. John Duncan

(*Brit. Med. Jour.*, Jan., 1886), and thus theory and practice are, not for the first time, at variance.

And now we find a paper by Dr. Brackenbridge, read in June, reported in the *Edinburgh Medical Journal* of November, 1892, in which he employed blood mixed with solution of sodium phosphate in five cases of pernicious anæmia, making in all nine injections, not only with no bad result, but with very excellent and permanent results, with one exception, temporarily, owing to injecting too rapidly—but this was in his best case. Now, in these very cases Dr. W. Hunter had said no benefit could result, but rather harm.

Thus, I think, we have practical experience to shew that solution of sodium phosphate can be trusted to be mixed with blood for intravenous injections. But we are writing of sudden losses of blood, such as flooding at or after labour, not of pernicious anæmia, where there is apparently a tendency in the system to destroy the red corpuscles, and thus consume those injected more rapidly than in ordinary health. Dr. Hunter admits that in that condition, not pernicious anæmia, the red corpuscles are not so rapidly consumed. But if his lectures are perused, the whole of his experiments on which he bases his remarks are not on these traumatic losses at all. The conditions are quite different. His objection to the solution seems to be owing to the rather rapid consumption of the red corpuscles—that is, they only last a few days. But is not that long enough for our purpose? The patient is dying: shall we stand at the bedside doing nothing, because the effect won't last more than a few days—that is, according to theory? In these cases if we can keep them alive a day or two we shall probably save them. Dr. Hunter also makes objection to the time occupied in transfusion, that the corpuscles are likely to die; but the time it takes is only five minutes at most. The solution can be at blood heat. The blood-giver is outside the patient's room, and consequently not so alarmed as when on the scene of flooding, and therefore the blood-flow is not so interrupted.

At all events it must be remembered that the solution of the phosphate was employed to prevent fibrillation of the blood, which it does in a very complete manner; and thus, when we elect to employ blood, it eliminates two great objections to its use, namely, the danger and extreme inconvenience of coagulation.

To sum up: (1) theory notwithstanding, the solution of sodium phosphate can be used with blood in intravenous injections, not only without harm, but with benefit; (2) that no substitute has been suggested to take its place to prevent coagulation.

In the above remarks, I am not insisting on the necessity of employing blood. It may be shewn hereafter that watery saline solutions are sufficient to give the heart fluid enough to perform its functions. This has yet to be shewn. If these suffice to hold life together for the rallying of the powers, it will be a great boon to the medical attendant as well as patient, for it is not always an easy matter to get a cheerful donor of blood. It has been said that it requires a very large quantity of fluid to bring up the veins to their original tension. Is this necessary? It must be remembered the "residual" blood of a pregnant woman is very great, and the loss of a pint, or even double that in some persons, counts for little; besides, the vessels contract in a certain compensatory degree, which keeps up a certain amount of tension.

Of course, there is always a difficulty in appraising the advantage of any particular injection—and, for the matter of that, of transfusion in any form—for if left till too late, the patient may have passed into the state beyond which every function seems arrested, and no measure seems to take effect; while, on the other

hand, when it is performed early, it may be said that recovery would have taken place without it. Still, as I have before mentioned, the practitioner in the terrible scene of a blanching hæmorrhage, and in the presence of death, will require something more than serenity wherewith to satisfy his own medical conscience and the regrets of friends. Where better can the quest after this something be carried out than at Guy's, where Blundell, as is admitted by all, initiated the practice we are now reviving? J. BRAXTON HICKS.

DEMONSTRATIONS IN PATHOLOGY,

BY Dr. SHAW,

WITH REFERENCE TO SPECIMENS IN THE PATHOLOGICAL MUSEUM.

Lungs.

1. *Injury.*

Perforation by weapons or ribs—

By bayonet (3025); by ribs (3253); by a belaying pin (3250).

Rupture without fracture of ribs (3255).

Many cases die from concomitant injuries, but others from pneumothorax (3255); hæmothorax and intra-pulmonary hæmorrhage (3252); inflammatory condition of lung (3317).

2. *Non-inflammatory airless conditions of lung.*

a Compression by effusions (3258, 3258A, 3404). The surface is wrinkled and thickly coated with lymph; after 11 months compression the surface is left smooth.

b. Collapse.

3. *Conditions due to cardiac affections.*

In bronchitis *v. supra.*

Œdema cannot be demonstrated in specimens.

Brown and red induration (3261, 3261A); due to—

1. Backward pressure.
2. Inflammation secondary to this; perhaps accounting for the incidental rises of temperature.
3. Pressure of pleuritic fluid.

Infarction: may give rise to broncho-pneumonia (3264); to pulmonary apoplexy (3263); to gangrene (3265). In all these cases the disease was in the left side of the heart. What is the source of the embolus?

4. *Other abnormal conditions of pulmonary artery.*

Thrombosis in empyema (3266); also in mitral stenosis.

Atheroma (3348).

Ulceration of arteries in phthisis (3327); in gangrene (3283A).

Aneurysm in phthisical cavity (3330).

5. *Pneumonia.*

A. Lobar (3279, 3281).

The first stage, that of engorgement, not shown in specimens, and recognizable only where indicated by more advanced stages in its neighbourhood.

The second and third, those of red and grey hepatization, differ in that in the latter the capillaries are compressed, and fatty degeneration has started. Physical characteristics are—solidity; uniform appearance, with minute granulations, making the surface less smooth; casts projecting from bronchial tubes; specific gravity greater than that of water; squashiness on pressure; presence of pleurisy on surface.

In the later stage of purulent infiltration the lung is compared to a sponge full of pus.

Results—Gangrene (3283, 3283A); abscess; fibroid lung.

B. Lobular.

Simple—From injury (3268); spreading from bronchitis (3267), especially in infants after measles (because of feeble powers of expectoration); carbonaceous inhalations (3262).

Specific—Tubercle (3298); actinomycosis (3284A); infarction (3264).

Results—Excavation generally tuberculous, but (3273) is simple; abscesses in pyæmic cases (3274); gangrene (3275), associated with laryngeal obstruction; fibrosis.

6. *Tubercle.*

1. Miliary; general tuberculosis (3292); 3 months history (3290); with meningitis, following enlargement of glands after measles (3294); phthisis (3304)

2. Tuberculous or caseous broncho-pneumonia (3299); with excavation (3300); contact with caseous gland (3301).

3. Fibroid tuberculous phthisis: localized (3305, 3311); calcareous (3312, 3314); general (3307).

4. Tuberculous excavation: recent (3316); chronic (3321), with fibrous bands representing arteries and tubes (3321); basal (3323A); with gangrene (3325); opening pulmonary artery (3327); containing an aneurysm (3331); causing pneumothorax (3414).

7. *Syphilis.*

1. Fibrosis—either diffuse (3284), in which case the diagnosis depends on the presence of other signs of syphilis, and absence of signs of any other cause; or local (3285), in which case gummata have preceded it.

2. Gumma—intra-pulmonary (3288, 3286); yellow nodules not surrounded by broncho-pneumonia as in the case of tubercle, but by healthy lung; extra-pulmonary (3289) invading the lung.

3. Destructive syphilis—probably always associated with phthisis.

8. *Emphysema.*

A. Interstitial (3337, 3339), the same in kind as surgical. Much commoner in children than adults; brought about by violent coughing, and therefore especially in pertussis. The air may come in from the bronchial tubes or from the outside, *e.g.*, œsophagus. Recognised by wavy lines of inflation beneath the pleura.

B. Vesicular—

1. General (3340), associated with bronchitis, dilated tubes, pus in the bronchioles, and thickened arteries.
2. Localized or "compensatory" emphysema affecting one lung when the other is compressed (3259); or affecting parts of a lung in neighbourhood of other parts contracted by disease—so especially in phthisis (3346).

Characterized by dryness of lung, grey colour of surface, pitting on pressure.

Large blebs may be formed beneath the pleura (3341, 3344); and lead to pneumothorax.

Thickened pulmonary arteries (3348).

9. *Hydatid* (3366).—In Australia a common cause of hæmoptysis.

May be confined to lung (3364, 3365).

May extend to lung from liver (3368).

May burst into the lung and hydatids may be expectorated (3369).

PASS LIST.

UNIVERSITY OF LONDON.—M.B. EXAMINATION, October, 1892.

First Division.

Bligh, W.
Coleman, F. J.
Daldy, A. M.
Elliott, C. C.
Floyd, S. G.
Hamilton, E. T. E.
Pantin, C. S.
Sharp, A. J.
Taylor, T. R.

Second Division.

Lister, T. D.

B.Sc. EXAMINATION, 1892.

First Division.

Eastes, G. L.

Second Division.

Leete, A. H.
Richmond, B. A.

ROYAL COLLEGE OF SURGEONS.

Final Examination for Fellowship.

A. W. Sheen.

EXAMINATION FOR THE DIPLOMA IN DENTAL SURGERY.

Allworth, F. P.
Apthorpe, S. R.
Blewitt, F. J.
Harrison, P.
Henry, A. R.
Turner, H. A.
Woodcock, R. E.

THE SECRETARY OF THE CLUBS' UNION INTERVIEWED.

The Secretary of the Clubs' Union is a busy man, but when we told him our mission was to hear from him for the benefit of our readers what he could tell us about the scheme he has so much at heart, he willingly set himself down to be plied with questions.

"Is the Clubs' Union a success?"

"Most assuredly. How shall we test it; by the character and number of its constituent institutions? Take the character first; our most ancient Physical Society, our most august Reports, our most popular Rugby Football Club, all are with us. As to number, everything that was 'going' joined us at once, and since we started new clubs have been hatched, and some in a state of suspended animation have been resuscitated and are now applying for admission to the Union. Or let us test it by the measure of support we have received from patrons, a support not merely nominal but very materially financial. Look at our list of patrons, which includes the names of H.R.H. the Duke of Cambridge, the President, Treasurer, and many of the Governors of the Hospital, and most of the Consulting Staff. Every member of the Staff of the Medical School and of the Dental School is an active member of the Union. Our members' list, published in May, contained 700 names; and several hundreds have joined since."

"But does not the keeping up of all these clubs and societies mean a very large annual expense? and will you be able to afford it?"

"To the first of the questions I would say, Yes; and to the second, I hope so. The hope has a reasonable basis, for more than 95 per cent. of the men who have entered the Hospital since we started have joined the Union, and at Guy's we have no fear of deserters. It is true that of the men who entered before 1891 a larger number than we could have wished have elected to support the clubs individually rather than join the Union. But conversions to unionism are constantly occurring at a rate which should bring everyone on our side before many months are past."

The representative of the Gazette had been reading history, and now suggested what he thought was a poser. "I understand that at other hospitals and similar places where amalgamation schemes have been introduced in the past, they have not always been an unqualified success, and that sometimes the old system has had to be reverted to. Can you suggest a reason why I am unable to find any member of your Council who seems to doubt for an instant the ultimate success of the Union? Is it because you are all enthusiasts, or is there some feature in your scheme in which it differs from similar undertakings elsewhere?"

"We are enthusiasts (though, if you won't mention it in the Gazette, I don't mind telling you in confidence that we once failed to get a quorum for a Council

meeting; but that was in the dog days), but that isn't the reason. There are many reasons I think, but I will only mention a few. These schemes are always started for one of two purposes, either to save trouble about collecting money, or to improve the clubs that enter into amalgamation. Wherever the first predominates the scheme will fail. Save trouble indeed! Ask the members of the Council; ask the Treasurer; ask the poor Secretaries and Committees of the Clubs, who are constantly worried for scrupulously orthodox balance sheets and impossibly accurate estimates of future expenses. No, nothing succeeds without trouble, and if you amalgamate to save trouble, the constituent clubs will suffer. We amalgamated to improve, and therefore there was a reasonable hope of success. But this isn't enough: you must have material capable of improvement. It's no use trying to bolster up effete old societies, dragging along a miserable existence, without enthusiasm and without funds. We have none such at Guy's. Each of our constituent institutions could well stand by itself, and each will progress, helped by the mutual support of others."

"The journal you represent has been an immense help to our scheme in bringing it and keeping it before the notice of your numerous readers. I will not ask you to reveal trade secrets and tell me whether the rumours are true that the help the Union has given the GAZETTE will, in the near future, enable that journal to be made even more attractive and useful than it is at present. But perhaps the best example of the way in which the Union will help clubs that were in excellent form before the amalgamation took place, is seen in the so-called sporting clubs. Last year, before the Union can claim to have had much effect, these clubs gained four out of a possible six or seven Inter-Hospital trophies, and this at a time when many of them had no home-ground for systematic practice. And now that the Union has provided them all with a ground within twenty minutes of the Hospital, the only fear is that, unless other hospitals follow our lead in this matter, our victories will prove too easy."

But here our representative, remembering that his space was limited, had to check the enthusiasm of the Secretary and lead him to another point, asking how the ground was to be reached, and if anything was going on there now?

"First buy a dozen return tickets in the School Office for four shillings, get one of them stamped at the Booking Office at London Bridge, and in twelve minutes you will be at Honor Oak Park Station. On looking to the left, 300 yards away, you will see a red-brick building, just being roofed. That is the pavilion, standing in our nine-acre field. The field you will find nearly as level as a billiard table, and almost all covered with excellent turf. At the upper end is a terrace, raised ten feet above the main ground, with space for five tennis courts, and on the main ground there are marked out two football fields, one for Rugby and the other for Association; and here, if you choose the right day, you can see our clubs playing before an enthusiastic audience, partly of our own men, partly local. We let all respectable local people in this year free, so that they may get a taste for watching good football; but next year we shall make a small charge to help pay for the expenses of the ground."

"You were speaking just now of your Blue Book containing the list of members. Is it proposed to publish such a book every year?"

"Yes, at the beginning of each Summer Session. All the clubs have arranged to elect their committees and officers just before the book is published, so that any member can at once see to whom to apply for information about any particular club, a fact which hitherto has not been easy to find out. But there has just lately been a proposal made in the direction of developing our Blue Book, which I shall be much obliged if you will make as widely known as possible. The great success which our application to old Guy's men to join met with last year encourages us to hope that in a year or two our list of members will be practically a directory of Guy's men. When you get into practice and one of your patients leaves your district, you will naturally wish him to put himself under the care of some other Guy's man in the town to which he is going. To help you to do this we propose to publish after our list of members an alphabetical list of towns and districts with the names of our members practising in them."

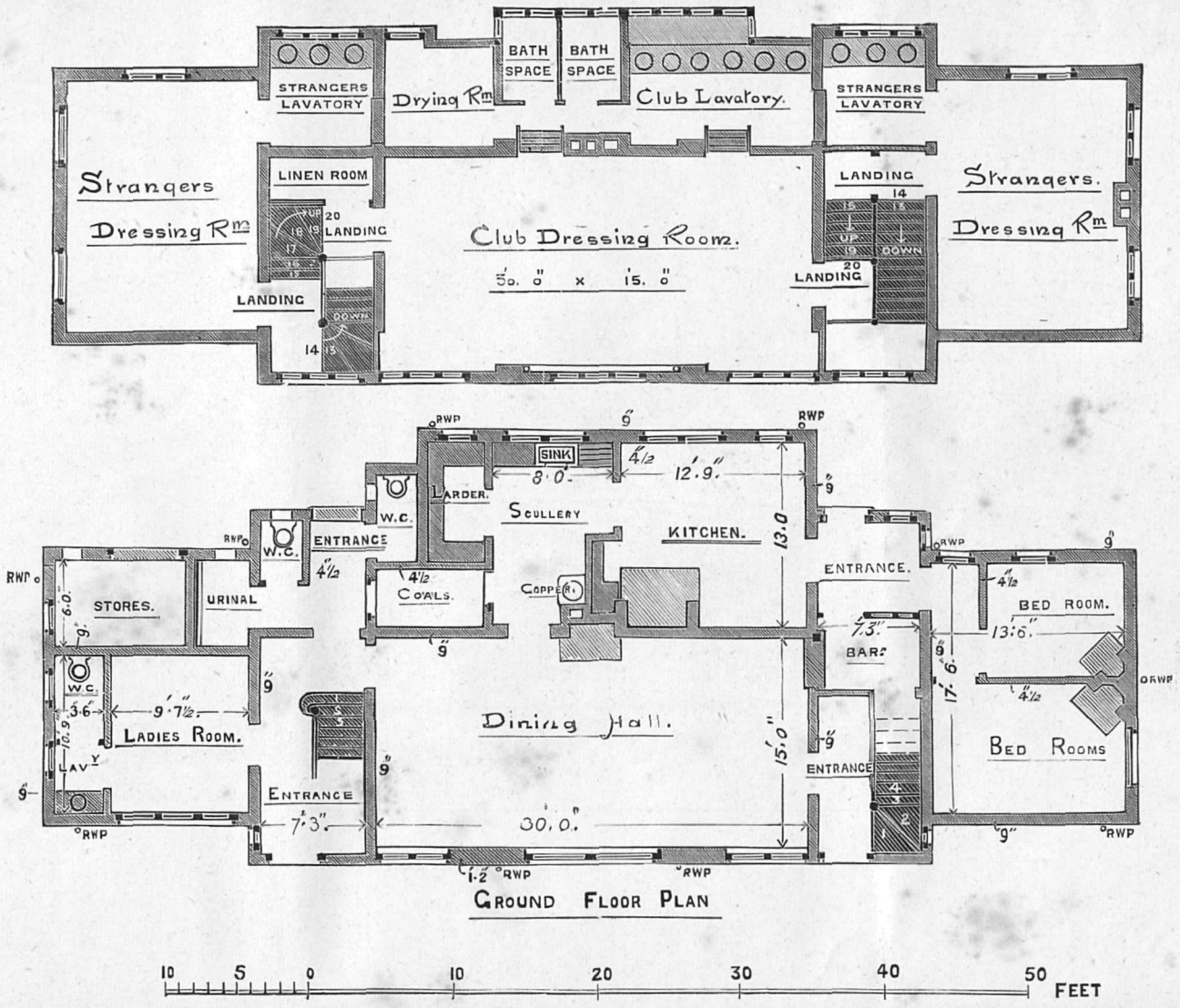
"That is all very well for the men about now, who will, of course, all become in time life members; but can you offer sufficient inducements to men who have already left the Hospital, to lead you to hope that anything like 'practically all' of them will become life members."

"If the inducements are not sufficient they must be harder to please than we think they are. This is what we offer them. If any old Guy's man will send us a guinea, we will undertake to keep his name on our directory as long as he lives, we will send him a copy of the directory for the year, we will supply him with the forthcoming volume of the Guy's Hospital Reports, and with the year's issue of the GAZETTE, all post free. He will be made a life member of all our clubs, and will be free to use the club rooms in the College whenever he visits the Hospital That is for the first year, and there if he likes he may end; but if in any subsequent year he still wishes to have the Reports and the GAZETTE to see what we are doing at Guy's, and one of our Blue Books to see that we have not forgotten to put his name in, we will send him all three in return for a single subscription of 12s. 6d., payable in January. There are lots more things I should like to tell you, but that must do for the present. Good-bye."

APPOINTMENTS.

SCOTT BERNARD, M.R.C.S., has been appointed Surgeon to the In-patients of the Royal Victoria Hospital, Bournemouth.

SHEED, WILLIAM C., M.R.C.S., has been appointed a Public Vaccinator, Allansford, Victoria, Australia.


STRANGERS LAVATORY
Drying Rm
BATH SPACE
BATH SPACE
Club Lavatory.
STRANGERS LAVATORY
Strangers Dressing Rm
LINEN ROOM
LANDING
Club Dressing Room.
50. 0" x 15. 0"
LANDING
LANDING
DOWN
Strangers. Dressing Rm
LANDING
DOWN
LANDING
RWP
SINK
4½
8'0"
12'9"
LARDER.
W.C.
SCULLERY
KITCHEN.
13.0
ENTRANCE
W.C.
ENTRANCE.
4½
COALS.
COPPER
STORES.
URINAL
6.0
9"
4½
BED ROOM.
13:6"
7.3"
BAR.
17.6"
W.C.
3.6"
9'7½"
LADIES ROOM.
Dining Hall.
15'0"
LAVY
ENTRANCE
ENTRANCE
BED ROOMS
7'3"
30.0"
1.2
GROUND FLOOR PLAN
10 5 0 10 20 30 40 50 FEET

THE CLUBS' UNION PAVILION.

Passim

—or news from everywhere—we would remind you, gentlemen. Many would-be contributors, we know, are constantly prevented by business or diffidence from contributing to other columns, but there must be few of our readers who either cannot spare the time for, or could not venture upon, the compilation of a single sentence for this column, which was especially instituted for miscellaneous contributions. And now that first year's men are beginning to know their way about, it is time to remind them that such is the case, and that their contributions are always sure of a good reception.

But we would point out to them, and at the same time to all contributors, that the request "that MSS. be written on one side only of the paper" is not a mere meaningless formula, and is not printed in conspicuous places in most journals and magazines for no other object than being up with the fashions of the day. When MS. is being set up under pressure for time, it is necessary to cut it up into numerous pieces of not more than a dozen lines or so perhaps, each piece being given to a different compositor. If both sides of the paper have been written upon, then this is much more difficult to do, and great inconvenience and delay is the result.

An analysis of the thirty-six matches played by Guy's teams this football season gives the following figures:—Won, 22; lost, 8; drawn, 6.

An extra number of copies of the last issue were printed, and a few are still to be had from the Librarian.

We observe the first contribution to the *Clinical Journal*, which has come from Guy's, is just of that very nature which we have often wished we could get for ourselves. It is headed "Clinical Observations in the Wards of Guy's Hospital," by Dr. Goodhart. The Clinical teaching, in medical wards especially, lends itself to this treatment very well, and Clinical observations would add more to the value of the "In the Wards" column than does the mere categorical statement of symptoms in common cases. Men who are by their appointments prevented from attending the Clinical teaching in the Wards should find such notes useful, and old Guy's men too would find them interesting.

At the meeting of the Debating Society to-night "Socialism" is to be the subject of discussion. Mr. C. P. Higgins moving that the State regulation of hours of labour or of wages, and schemes of land or capital nationalization are, in the opinion of the Society, dangerous. If we may criticize the motions that are brought up for discussion at this Society, are they not just a little too inclusive? This one, for instance, should be voted on in sections at least four times, and then would be long enough for four long meetings.

We have been asked by the Editors of the "Biographical History of Guy's Hospital" to state that in order to meet the demand, they have made arrangements with the publishers to print 250 additional copies of the first edition. The latest date for receiving subscribers' names has been fixed for Wednesday, December 7th.

PATHOLOGICAL MUSEUM.

There have lately been presented to the Museum the following interesting specimens:—

By Dr. Percival, of Northampton, a Stomach with Stenosis of Pylorus, due to cicatrising ulcer, for the relief of which, Loretta's operation had been performed.

By Dr. Hooper Moore, of Kidderminster, a Placenta shewing several large Cysts projecting from its surface, the origin of which is obscure. There was a history of syphilis.

By Dr. McCook Weir, of Dockhead, a tubular cast, formed by recent blood clot of a large Thoracic Aneurysm. The cast is of the shape and size of a human heart. The aneurysm gave rise to no symptoms but congestion, and death was quite sudden.

GANGRENE OF THE TESTIS.

Great interest was shown in a specimen of strangulation of the testis, which was exhibited at a meeting of the Physical Society on Saturday last; and as there is no description of this lesion in our text-books, a short account of its pathological anatomy may not be out of place in the Gazette.

The specimen consists of a testis and a portion of the spermatic cord. The body of the testis was absolutely black from extravasation of blood into its substance, and the epididymis was much swollen and dark from the same cause. The patient, from whom the organ was removed by operation, an otherwise healthy young workman, was admitted to the Hospital for symptoms resembling those of strangulated inguinal hernia. An exploratory operation was performed, and it was found that the state of the testis was due to a twisting of spermatic cord upon its long axis. For the production of this lesion two conditions were necessary. Firstly, there must be an imperfectly attached testis and cord; and secondly, a large tunica vaginalis or peritonæal sac. Of these the former is due to a congenital fault in development. It will be remembered that before the testis makes its descent, the viscus is attached to the iliac fascia by a triangular fold of peritonæum known as the mesorchium, and moves freely in the abdominal cavity. In the ordinary course of events the testis is drawn into the inguinal canal, and slips downwards beneath the vaginal process of the peritonæum, thus losing its distinct mesorchium. But if, for some reason, this descent does not occur, the fœtal mesorchium may become elongated, and entirely surround the epididymis and a considerable length of the spermatic cord. The testis thus hangs like a cherry from its stalk, and is free to slip in and out of the vaginal process of the peritonæum. It is not necessary however that the vaginal process should not be patent, provided that sufficient of it remains unclosed below to give room for rotation to take place. The essential anatomical feature is a testis, epididymis, and a certain length of spermatic cord entirely surrounded with peritoneum.

What causes the torsion of the cord is another question. So far we have dealt merely with the anatomy of the lesion. In pathology there are several similar instances of what is called axial rotation — that is, rotation on a long axis, not round a point deviating a circle like the earth round the sun. The best is the twisting of an ovarian cyst upon its pedicle, where the interference with the circulation leads to hæmorrhage into the interior, and even to sloughing of the cyst. Volvulus of the sigmoid, or small intestine, is of the same nature, and torsion of the various abdominal tumours has been described. The exact mechanical cause of the twisting in any of these cases is not known, but numerous explanations have been suggested. Every extern is familiar with the spiral turns of the umbilical cord, indicating the gyrations, possibly even the frolics, of the fœtus in its anxiety to be free. From the few observations on tension of the cord (less than twenty in all, the first of which was made only ten years ago), there seems nothing to be gathered as regards age of patient, side affected, onset of illness, etc., which throws light upon its causation. Clinically, the symptoms are those of strangulated hernia, and the patient may give signs of imperfectly descended testis, or at least he may say that the testis could be readily pushed up into the inguinal canal. Fortunately the exact diagnosis is not very important, for every doubtful case of hernia should be explored. T.

THE CLUBS' UNION PAVILION.

We publish to-day a sketch of the Pavilion, which is to be opened for the use of the members of the Clubs' Union, on our ground at Honor Oak Park, early next year. The building is of red brick with a tiled roof, and has been designed by Mr. J. H. T. Woodd, the architect of the College and of the new School Buildings. It is not quite so pretty as the original design, economy compelling the Committee to cut out some artistic features which were not essential to convenience. However, our illustration shews that age and creepers will make it a very picturesque addition to the landscape. It has been so designed that a balcony along the front of the building can easily be added, should flourishing finances or generous benefactors make such an expense possible. The Pavilion is placed rather more than halfway up the gentle slope of the ground, and, looking eastward, commands the best possible view of the cricket pitch untroubled by the sun.

The accommodation provided in the Pavilion is shewn in the accompanying plans, and should prove sufficient for the most extravagant demands. On the ground floor the centre of the building is occupied by a large club room, planned to seat two cricket teams and their friends at luncheon. Behind this are the living-rooms for the ground-man, with direct communication, so that the serving of refreshments may be prompt. The right wing on this floor is occupied by a dressing-room for our lady visitors, and a store-house for cricket and tennis properties: and in the left wing are the ground-man's bed rooms.

The building is but two storeys high, and the upper floor is entirely devoted to dressing-rooms. In the centre is the members' dressing-room, commanding a view of the ground, and communicating with three smaller rooms behind it, fitted up with a lavatory, a bath-room, and a drying-room.

In the dressing-room, as well as in the club-room below, there will be placed as many lockers as can be fitted in, the keys of which will be let to members for a small annual charge.

The two wings on this floor are occupied by dressing-rooms and lavatories for strangers, the two sets being approached by separate staircases, so that each of the visiting teams can enjoy the seclusion of a private dressing-room. Hot water will be laid on to all the lavatories.

"SNAKE CHARMING."

By H. H. Austen, M.D.

I was returning one evening from a distant visit, after a hard day's work. It was about an hour before sunset, the pleasantest time of the day. A cool breeze was blowing from the sea and cooling the heated atmosphere. Riding quietly and thinking of nothing in particular, I was suddenly roused from my meditations by my sycc's exclamation, "Tuan uler besar." Slightly startled, I roused myself, and about a dozen feet in front of me, sure enough, was the biggest specimen of a cobra that I have yet seen. He was of that particular species known here as "the Hamadryad," and has rather a reputation for unprovoked assaults. The "uler besar" was lying in the middle of the road, his head about sixteen inches in the air, and his whole demeanour shewed that he was just spoiling for a fight. I was somewhat in a quandary. The road was narrow, and bordered by deep ditches; there was not much room to turn the buggy and retreat, even had I been content to adopt so undignified a proceeding, so my only course was to try and dislodge him by heaving rocks, especially as I had no weapon for attack. It suddenly struck me, however, that amongst the memories of my childhood was one about snakes being subdued by soft music, and, like an inspiration, it flashed across me that I had in my buggy an old clarionette, with which I had amused a birthday feast the evening before. I hastily fitted it together and commenced to play—at first soft and gentle tunes like "Annie Rooney." The snake gradually dropped his offensive attitude, and slowly kept time with his head to the music. I then changed the measure to a somewhat quicker time, playing tunes like "Garry Owen" and "St. Patrick's Day." The snake became more excited; his eyes glittered like carbuncles, and he moved his whole body in time to the music, like Dr. Richter conducting the Wagner orchestra. Finally, I changed the tune to "Ta-ra-ra Boom-de-ay," and the effect was astounding. At first the enormous snake remained stupefied for a few moments, and then seemed to suffer the acutest agony. He tried to plunge his head into the mud and herbage, but finding that unavailing, he endeavoured, like the deaf adder, to stop his ears with his tail. Unluckily a wise and all-seeing Providence had only provided one tail. He then tried inflating his "capella," under the impression, I presume, that by increasing the pressure in the tympanum, temporary deafness would be induced. Nature, however, in providing the cobra with a hood, had not calculated on this necessity. Finding everything useless, he tied himself in a kind of knot, and threw himself desperately over the ditch and into the jungle. After a few convulsive movements in the grass all was still. I had not the courage nor time to investigate farther. He might have been lying in ambush for me, but more probably he dashed out his brains against a stump, or committed suicide by a self-inflicted bite. I have been induced to send you this account, interesting in itself, as it suggests the idea that music might be much more used in therapeutics than it is. Surely a brass band stationed in the wards of a Hospital, and playing "Ta-ra-ra Boom-de-ay" would rouse any patient from the collapse stage of cholera. Perhaps the cure is worse than the disease, but a knowledge that such therapeutical aids were employed might tend to stop the cholera-scare and impart confidence, thus acting as a means of prevention rather than cure.

Physical Society.

Pathological Evening, Saturday, November 26th.

The following specimens were shewn:—

Cyst of Cerebellum.
Some Dental specimens.
Hepatic Abscess bursting through Lung.
Fibroid from Broad Ligament.
Uterus: Hysterectomy for Fibroid.
Cyst of Thyroid removed entire.
Occipital Meningocele removed.
Trichocephalus Dispar and Venous Aneurysm.
Pulmonary Aneurysm in Phthisis.
Gangrenous Testicle from twisting of cord.
Cystic Kidney removed.
Tubercular Ulcer perforating Intestine.

Microscopical Specimens—

Sarcoma of Synovial Sheath of Finger.
Achorion Schönleinii, Tinea Tonsurans.
Microsporon.
Illustrating Leucocythæmia.
Cystine Calculus.
Fungating Epithelioma of Forearm in Paraffin Worker.

Photographs of Pathological interest.

The above very interesting collection of specimens recently added to the Museum were shewn and described by the Dressers and Ward Clerks concerned, and the result was a most successful meeting. This new departure on the part of the Physical Society was well taken up, and a Pathological evening will no doubt in future be given every year, and no doubt be equally successful.

Correspondence.

To the Editor of Guy's Hospital Gazette.

Dear Mr. Editor,—In the name of the dressers, I take upon myself to express a want which is felt universally, and which, I feel sure, when brought to the notice of the authorities, will receive their customary kind attention. In the old "Rooms" at present there is no secure refuge for any man's property either during the day or night season. There stands a dilapidated and ancient bookcase against one of the walls which might be replaced by a nest of small lockers for the use of the dressers. The keys might perhaps be managed by the Librarian, who so ably controls the other lockers already in the Hospital.—Yours sincerely, A "DRESSER."

Hospital News.

IN THE WARDS.

Clinical.

Miriam 19.—Pyonephrosis?—C. H., 25. First noticed lump in right side four years ago—not painful until three weeks before admission. Amenorrhœa since birth of last child two and a half years ago. There is an ill-defined swelling in the right loin, which can be just seen as a slight fulness; tumour does not move on respiration; dulness continues with liver dulness; no definite fluctuation. On V.E. cervix fixed on left side; hard cord on right side; feels like thickened ureter. No difficulty with micturition; urine is acid, contains a large quantity of pus; no blood; no tubercle bacilli.

Miriam 31.—Pleural effusion, ? localized empyema.—H. C., 19. The day before admission patient was taken with sudden pain in left side and retching. On admission, October 26th, temperature 98·6°, respiration 40 No dulness; diminution of vesicular murmur, and voice sounds on left side up to spine of scapula; faint pleuritic rub in left axilla. In the course of the next few days, dulness developed on left side behind and at left apex; there was ægophony below spine of scapula, heart pushed over to right, temperature remained about 99°. On October 31st an exploring needle drew off clear serous fluid; chest was then aspirated *through the same spot*, and 4oz. of very foul sero-pus drawn off. For some days after this the physical signs did not vary very much. On November 6th there was bronchial breathing at left apex, bronchial breathing and pectoriloquy about spine of scapula. On November 8th dulness had nearly all cleared up, and there was a pleuro-pericardial rub in second left space. On November 14th physical signs had nearly all cleared up, and patient is much better in every way. The following points appear to be of special interest in this case: (1) the large extent of dulness compared with the small quantity of fluid drawn off rendering it probable that the cavity aspirated was localized; (2) the rapid clearing up of the physical signs and convalescence of the patient after aspiration of the putrid contents of the cavity; (3) the fact that the temperature remained stationary at about 99° during the whole of the illness.

Miriam 32.—Saturnine Encephalopathy.—A. C., 36, had lived opposite a lead works for some years; no one in house works in lead. A few weeks ago she was in Mary ward for lead colic. Re-admitted on Nov. 11th for abdominal pain, constipation, and constant vomiting. Her mental faculties seemed somewhat deranged. Castor oil and opium were administered, and patient's bowels opened twice during the night. About noon the next day she had an epileptiform fit, and gradually passed into the status epilepticus. The fits commenced with tonic contractions, sometimes on one side, sometimes on the other, and then went through a well-marked clonic stage, after which patient lapsed into a comatose condition for about 15 to 30 minutes. At 5.30 an amyl nitrite capsule was administered, with the result that no more fits occurred until 8.30, when they re-commenced and continued until 11 p.m., when she sank into deeper coma. An injection of pilocarpin was given, but patient died at 11.45 p.m.

John 11.—Leuchæmia Splenica.—J. H., 25, policeman. First noticed swelling and tenseness of abdomen five months ago; has never felt very ill; some pain in left side, slight loss of flesh and some weakness, but not bad enough to make him leave off work. On admission, spleen is found to extend to the right beyond middle line, below to Poupart's ligament and nearly to the symphysis pubis. Horizontal diameter 13¼ inches, vertical 10⅛ inches. Liver and glands not enlarged.

Blood: Red corpuscles 1,880,000 per cb. mim.
White " 1,000,000 "
Hæmoglobin about 40 per cent.

The white corpuscles vary very much in size; there are numerous eosinophile, basophile, and amphophile corpuscles.

Treatment: Increasing doses of arsenic. Inhalations of oxygen about 30 metres per diem.

Under Mr. Durham.

Martha 16.—A. J. T., 24. Admitted for painful stump. Amputation at middle of leg 16 years ago for trouble after scarlatina. The tibia and fibula have not synostosed; from use of inefficient artificial limb (laced thigh-piece not long enough to give support by tuber-ischii), the skin has been dragged upon and drawn up between the ends of the bones; the stump is consequently bifid at the extremity; over the end of the fibula is a painful corn. Resection of fibula advised.

Under Mr. Howse.

Naaman 11.—Double Pulpy Knee (?).—F. G., æt. 12 Backward and outward displacement of both tibiæ with nine months' history. The right is more advanced. There was a question whether this might not be syphilitic, as mother says she had syphilis just before birth of the boy. He has, however, no other obvious signs of the disease.

Naaman 12.—Malignant Growth of Right Palate.—Shoemaker, aged 45, was in the habit of carrying rivets for the boots in his mouth. Gland beneath right jaw. Four months ago first noticed small lump; increased greatly in last month.

Naaman 12.—Acute suppression of urine for 72 hours after catheterism.—W.T., aged 65. November 22: a No. 9 passed, retained for 20-30 minutes; urine pale, clear and odourless; two hours later had a rigor with vomiting and diarrhœa. Admitted November 24: skin dry; no signs of uræmia; bladder empty; temperature 96°; dry cupped without success. November 25: Pilocarp. Nit. gr. ⅙ induced profuse sweating, and following that 5 ounces of albuminous alkaline urine passed—72 hours after catherization. November 26: 42 ounces

passed since yesterday; sp. gr. 1012; slightly alkaline with slightest trace of albumen. November 27: 120 ounces since yesterday; sp. gr. 1010; acid; no albumen. November 28: 105 ounces since yesterday; acid; no albumen.

Charity 7.—Double Congenital Dislocation of Tibiæ forwards; double pes-cavus; double talipes equino-varus.—A. C., 11; a brother four years old has same deformity in one knee and foot, and a sister who died, æt. 19 months, had some deformity of the feet. The only method of progression is on the condyles of the femora with the legs hyperextended in front of her. There is evidence of old anterior poliomyelitis. Operation (?).

Charity 15.—Fulness and fluctuation in left groin (origin uncertain) leading to inability to straighten knee. —N.W., æt. 18. Process of diagnosis in this case is interesting. Patient was sent up for contraction of tendons following erysipelas. On admission, hip-joint disease was diagnosed, but under chloroform this joint was found quite free, while the ultimate cause of the abscess is still uncertain.

Under Mr. Lucas.

Job 3.—W. B., 61. Syphilis 20 years ago; tertiary ulceration of soft palate at present; large polypus behind soft palate. Admitted for deep ulcer with suspicious edges, below inner canthus of left eye. The base has filled up somewhat after 10 days of Mist. pot. iod., but the edges have hitherto not reacted. The throat is much better.

Job 6.—S. D., 37. Malignant ulcer of tonsil; hard edges. Three months ago he hurt his throat by swallowing a large piece of an apple. A swelling formed, which burst a month later, but the resulting ulcer has grown since. November 29: excision by division of cheek.

Job 19.—F. C., 68. Fungating carcinoma of lower part of rectum, with ulceration of skin, and incontinence of fæces. Symptoms just observed two months ago. In these three cases the first thing noticed was a swelling, which soon burst, discharged freely, and by so doing gave relief. November 29: Inguinal Colotomy: bowel brought out, and a metal rod passed through an opening in meso-colon, and left across the wound.

Charity 8.—S. E., 27. Admitted for severe proptosis of right eye. Seven years' history. Symptoms ("throbbing" pain in orbit, with shooting pains in forehead and vertex, and proptosis) had been much more severe of late. A firm tumour could be felt behind the external palpebral ligament, but it could not be easily reached. The diagnosis seemed to lie between aneurysm (the throbbing nature of the pain and some slight pulsation that was felt were in favour of this), exostosis, or lipoma; but dermoid cyst and unilateral Graves' disease were discussed. On November 25th, however, a horse-shoe incision surrounding the outer canthus allowed the tumour to be reached, and easily removed entire. It measured 1½ inches by 1⅓ inches, and consisted of almost pure fibroma with a myxomatous tendency in parts.

Accident 27 and 28 are two cases of bruised kidney (one from a blow in a glove contest). Symptoms—pain, tenderness, high temperature and hæmaturia.

Accident 29 (æt. 69).—Bad arteries, lacerated wound of great toe, almost severing the metatarso-phalangeal joint—the result of getting out of a moving train. Amputation through that joint was soon followed by moist gangrene, which necessitated amputation through lower third of thigh.

Under Mr. Golding-Bird.

Martha 12.—H. C., 64. Admitted November 7th, with small somewhat pigmented swelling beneath thumb nail of right hand; also swelling in right axilla, about 3in. diameter, slightly lobulated surface, and obviously containing fluid. History of injury to nail which healed with difficulty three years ago; appearance of lump in axilla 18 months after. November 8th, axilla cleared of what proved to be secondary sarcomatous growth (pigmented in parts), containing a single cavity filled with broken-down blood; the terminal phalanx of the thumb was also removed. Progressing satisfactorily.

THE SMOKING CONCERT.

The second "Smoker" of the Session was held in the Club Smoking Room last Saturday week, the prospect of hearing all the "Lion Comiques and Star Artistes" bringing together a large number of members and friends. The popularity of our "Smokers" seems to be on the increase, the audience consisting of a good sprinkling of strangers, and the Dean, Dr. Perry, Drs. Hale White, Shaw and Bryant, and Messrs. Brailey and Fripp, representing the Staff, were accorded a hearty reception.

A House Dinner, served with Mr. Batten's usual good taste, was provided at six o'clock, and put everyone in a good humour for the "Bill" at half-past seven. Everything that could have been done in the way of "Posters" and "Notices" had prepared us beforehand for something tremendous, and in truth, if loud and frequent applause goes for anything, we feel sure no one could have been disappointed in the evening's entertainment. Mr. H. E. Durham, our energetic chairman, had arranged an excellent programme, the "comic" and "sentimental" elements being so judiciously intermixed that "*spirits*" never flagged, and interest was well sustained throughout. Here, may we be allowed to lodge a *gentle* protest against *some* of the songs sung; we are not prepared to say how often they have been heard before at our "Smokers," but—*verbum sap.* None the less, the concert was a great success, and reflects great credit on the performers and on the organiser, Mr. Durham, whose patience by-the-bye was somewhat severely taxed at times by some of the more enthusiastic of the audience. N.B.—Might not a "Police Whistle" be of service in quelling such outbursts in future? It is *generally* effectual.

Of the performers, little but praise need be said, and it is pleasing to chronicle the advent of several debutants

amongst our leading artistes. Surely, amongst *many* musical men, it would not be difficult to raise half-a-dozen or more to swell the list—if they would only come forward.

The programme opened with an excellently played pianoforte solo by Mr. Godfrey—Mr. Jimenez being unable to oblige through illness. "The Longshoreman" was effectively rendered by Mr. Tuck, the chorus going with a hearty swing. Mr. Robinson contributed "The Skipper's Flag" and "The Rowdy Dowdy Boys," of Gaiety fame, the latter going specially well. Mr. Jackson Lang "refrained from giving us a sketch," and followed with a topical song, with patriotic verses on Guy's and the Dental School, a third on "a well known '*member*' of Society," and a fourth—but "enough said," space does not permit of more. "We saved it for the lodger" was given in response to an undeniable encore in Mr. J. L.'s inimitable manner. Messrs. Coulson and Allworth were heard to advantage in the duets "Who is Sylvia" and, later, "Friendship"; and Mr. Bligh gave a stirring recitation of a story in the times of the "Civil War." Mr. Treen was amusing as "The Waiter," and his eccentric rendering of "Luxuries" gained a decisive encore, "The man that struck O'Hara" being given in response. Mr. Wohlmann was in good voice and both his songs, "I fear no foe" and "Gipsy John," were duly appreciated.

Mr. Walter Tilbury's contributions were one of the features of the evening. An *Ode* to "Tottie Fay," followed by "I could do with a bit," in response to a well deserved encore, being specially popular, while in the second part "The Lament of the Great Ta-ra-ra!" gave place to the more serious "The King's Highway."

Mr. Morton gave a characteristic rendering of "Sich a nice man too!" and Bishop's Glee; "The Foresters sound the cheerful Horn," given with good expression by Messrs. Coulson, Van Someren, Rice, and Robinson, fittingly concluded Part I. A new and pleasing departure was made by Messrs. Sichel and Salter in their successful pianoforte duet. The "Chorus obligato" consisted of a medley of some of the airs of the day, including "The man that broke the bank at Monte Carlo," "I took it on," "Mrs. 'Enery 'Awkins," "Our 'Armonic Club," "Our little Nipper," and "Wot Cher," etc., etc. We hope Messrs. Sichel and Salter will give us of their "Obligato" at our next smoker. Mr. Oram sang "Rowing," with excellent results and being certainly one of the best singers we have, an encore was insisted upon. Mr. Godfrey is to be congratulated on his "first appearance" though he would undoubtedly have been heard to greater advantage if he had turned more to the front or prevailed on someone to play his accompaniments. "Our Little Nipper" was encored, "The Coster's Courtship" being given in response. Mr. Luce gave the "Three Jolly Sailor Boys" with good effect, and Mr. Coulson was, as usual, to the fore with "Alice, where art thou?" Mr. Layman "deeply regretted he had nothing new" and gave us "The Man that broke the Bank at Monte Carlo" and as an encore "The Fellows we meet at the Races," sung as he *only* can sing it, and a favourite at Guy's. The singing of "God save the Queen" and "Auld Lang Syne," and enthusiastic cheers for the Chairman and the Visitors, brought one of the best Smokers ever held at Guy's, to a conclusion.

H. J. SPON.

Sport.

RUGBY FOOTBALL.

GUY'S v. MIDDLESEX WANDERERS.

This match was played at Richmond, in a perfect deluge of rain, on Saturday, November 26th. We were so weakened behind by the loss of Bell and Hancock that even our most ardent supporters scarcely hoped for a win. Twice in the first ten minutes, before our forwards had properly settled down (a thing which they are somewhat slow in doing), they scored, but Nesbitt was unsuccessful with the kick both times. Then we pulled ourselves together, and for the rest of the first half kept well in their half but could not score. We might have now and then, but our forwards have not yet recovered from their old fault of letting the ball remain in the third row instead of letting it out at once before the opposing halves have time to come round. They must let the ball out promptly, or otherwise when the great day comes we shall never give our three-quarters the chances which they must have if we are to win.

The second half was a repetition of the first, we being on their line almost all the time, except when Hooper, either by a well-timed kick or by running through our forwards till some one collared him low (by way of a change), relieved the pressure for them.

Although beaten, we can fairly say we had the best of the game. Alexander, at full back, played excellently; his tackling is very good, and he has improved in his kicking. Our three-quarters scarcely had a fair chance as the ball was frightfully greasy. Ensor was not a great success in the centre, and we noticed he fumbled (his old mistake) now and then. We can't always expect to have a dry ball, and he should try and get used to a greasy one. Stewart has improved wonderfully at half. The forwards were a bit slow at times in forming the scrimmage, and their tackling is not so good as it might be, though it has improved greatly. Hancock and Rowlands both tackled well, and also did honest hard work, both in the scrimmage and in the open. Dudgeon and Clark, although good in the open, are both inclined to shirk doing too much work in the scrimmage.

Guy's.—K. B. Alexander (back); A. Durbridge, J. W. Ensor, H. J. Spon (three-quarters); M. P. Jones, H. M.

Stewart (half-backs); E. T. Shorland, E. D. Hancock, V. E. Collins, R. S. Rowlands, R. F. Clarke, N. H. Pike, E. C. Hort, H. Pern, H. W. Dudgeon (forwards).

GUY'S v. EAST SHEEN.

Another easy win and another list of casualties was the result of this match at Richmond. Guy's certainly are a most unlucky team! If things go on at the present pace, we shall not have a back or forward left of the original team by the time we come to the cup ties. The game was a regular walk-over. With a few momentary exceptions, East Sheen never had a look in, and Guy's won by 4 goals 2 tries to nil. The forwards heeled out well and the backs passed splendidly is a description of the game. Alexander, Bell and Nicholson were all injured, and also Gowenlock and Skilbeck for East Sheen. It is to be regretted that such a good-tempered and quiet game should have ended so disastrously for both sides. Ensor, 2; Stewart, 2; Bell and Jones, 1 each, obtained tries for Guy's.

GUY'S v. WICKHAM PARK.

Played at Brockley, November 19th, in dull weather and the ground in a wretched state. The game was not worthy of much notice. The forwards played shockingly, and, with the exception of the first quarter of an hour the backs seemed to have very little to do. Guy's eventually won by 1 goal and 3 tries to 1 goal, which score would have been doubled had they played in anything like form. It is to be sincerely regretted that our centre three-quarter (of whom the Hospital has cause to be proud) should have been so seriously hurt in such a wretched game. He will probably not play for three weeks or so.

GUY'S 2ND XV. v. CROYDON 2ND XV.

This match was played on October 12th, and proved a very tough game, as we were out-classed forward, our opponents being very much heavier, and rushing nearly all the "scrums"; but our backs were quite equal to the occasion, and compensated for our weakness forward.

Losing the toss, we kicked off, and the ball being returned into our ground, we were forced to act on the defensive for a long time. Some useful kicks by Hicks and Durbridge landed us into our opponents' touch close in their territory, and Henry, taking a long pass-out from Kevern, made a dodgy little run right behind. This was not converted. Play was continued with great energy, we managing to screen some of the scrums, and rush the ball down the field. No further point, however, was scored until close on time, when Durbridge, getting possession of the ball, dashed through and scored a try, which Hicks converted, the game thus resulting in a win for us by one goal and a try to nil. Team:—

Guy's.—J. Moore (back); H. J. Spon, H. T. Hicks, H. Durbridge (three-quarters); P. F. Henry, G. T. Kevern (halves); H. Pern, H. A. Moffat, G. N. Mottram, D. Griffiths, A. Grellet, A. M. Rygate, A. Falwasser, F. J. Steward, E. H. Van Someren (forwards).

GUYS 2ND XV. v. LOND. S. AFRICANS 1ST XV.

On Saturday, 5th instant, we played a very even game against the "Kaffirs." The ground was a trifle soft, but considering the weather was in very good condition.

We lost the toss and kicked off. Play was for a long time very even and confined to neutral ground. Durbridge at length got the ball, and running down the field, passed to Hicks, who got in. Kevern did not convert, the ball being a trifle greasy.

After the re-start we bucked up and pressed, and Perks getting possession of the ball ran in near touch. This point was not converted. After half-time play was very even, and shortly before time Perks again scored for us, but his try was not converted. The game resulted in a win for us by three tries (6) to nil.

Our forwards played a rank game. In the scrimmage in any case we *must try to get possession of the ball*, and when in our own "twenty-five" *keep it*, when in theirs *let it out immediately*, but not sideways as was done several times on Saturday. Henry at half plays a very good defensive game, but wants a little more confidence in playing on the offensive. Moore at back played well.

Our team was as follows:—(Back) J. Moore, (three-quarters) H. Durbridge, H. T. Hicks, A. Perks, (half) P. F. Henry, G. T. Kevern. Forwards, E. H. Van Someren, H. Pern, H. A. Moffatt, G. N. Mottram, D. Griffiths, H. Batchelor, F. Falwasser, A. Morgan, A. M. Rygate.

GUY'S 2ND XV. v. BART.'S 2ND XV.

This match was played at Brockley on Saturday, November 26th, in the thick of a storm of wind and rain, which continued throughout the whole game. We beat St. Bart.'s Hospital by 1 goal and 2 tries (9) to nil.

The game was very uninteresting, as we out-classed our opponents at every point, and passing was rendered almost impossible by the greasy condition of the ball. Hicks scored twice and converted one of his tries. Van Someren scored later on, but the try was not converted.

We were playing two new three-quarters, C. E. Michael and J. Moore, our usual back, Lichtenberg, taking the latter's place. All these played up well in their respective places. Anderson and Butler were also new. The latter's play was very good, he being very much on the ball.

Guy's.—E. E. Lichtenberg (back); C. E. Michael and H. T. Hicks (three-quarters); J. Moore (centre); P. F. Henry and G. T. Kevern (halves); E. H. Van Someren, H. A. Moffatt, H. T. Mottram, A. W. Falwasser, W. P. Grellet, E. Butler, A. M. Rygate, A. Morgan, and — Anderson (forwards).

ASSOCIATION FOOTBALL.

GUY'S 2ND XI. v. CITY OF LONDON SCHOOL.

This match was played on our ground, on November 19th, and before writing about the match, it will be as well to say a few words about the ground. The latter was in a most disgraceful state, and entirely prevented an enjoyable game being played, the men being hardly able to keep on their feet at all. The water does not seem to be able to run off the ground, and with the clay surface, makes a dangerous mixture, which prevents the players having any command over the ball, or their own legs, and is sure to bring about some bad accidents from mis-kicks, etc. The chief cause seems to be the large mound at the end of the ground, off which a large amount of water must necessarily run.

To return to the game. As the School were one man short we gave them a man, J. Beer, and so played ten aside. After the above remarks it is hardly necessary to describe the game. Guy's, in spite of being the heavier team, played best on the slippery ground, and won by four goals to one. Our goals were scored by A. Croneen (two), Francis and Kirkby one each, and besides these Davies and Hayes played well behind.

Our team was as follows:—Onraet (goal), Davies and Barker (backs), F. Prebble and R. Hayes (half-backs), J. Picnot and W. G. Mumford (right), C. J. Francis (centre), A. Croneen and R. C. Kirkby (left).

GUY'S 1st v. BECKENHAM.

This match was played at Beckenham on Saturday, November 19, in typical football weather, and after a fast and exciting game ended in a victory for the Hospital by two goals to one. The Hospital was not able to put its full strength into the field, but able men were found to fill the vacancies, and at times the combination was good, and when science failed, hard work and general keenness pulled us through. Having lost the toss for choice of goals Fitzhugh started the ball for the Hospital, and after each goal had been attacked, Lawrence scored for the Hospital by a good shot, the Beckenham goal-keeper having saved once but could not recover himself to save again. The ball being re-started our forwards again got round the Beckenham goal, and Fitzhugh put the ball through from some loose play in front of goal. These reverses made the Beckenham team play up, and their forwards putting in some good work, they being very fast and heavy, which handicapped our rather light back division. Through good tackling and hard play of our backs and halves, and cool play of our goal-keeper, they were unable to score, and half-time was reached with the Hospital leading by two goals to nil. The second half of the game was more or less a repetition of the first, their forwards making periodic rushes on our goal, during one of which they scored their only goal after several shots, which had been well saved, they at last got one through, our goal-keeper slipping. Our forwards made strenuous efforts to score again, Pendred and Fitzhugh especially making good individual runs, but failing in their shot at goal.

Towards the end of the game it got very dusky owing to the late start of the game, but during a hot attack on our goal the whistle sounded time, and the Hospital, as stated above, were left winners by two goals to one.

TEAM.—N. Lavers (goal); H. D. Packer and E. Evans (backs); E. C. Crosby, H. S. Hinton, and H. Hewetson (halves); R. S. Fitz-Hugh (centre); G. Lawrence and W. E. Waymark (left wing); B. F. Pendred and W. E. Walker (right wing) forwards.

GUY'S v. OLD WESTMINSTERS.

This match, the first played by us on our new ground at Brockley, was played on Saturday, and ended in a win for us by one to none.

The ground was in a terrible state when we went down, and to make things worse it began to pour with rain as soon as we started, and it continued the whole game, rendering accurate football almost impossible.

Fitzhugh kicked off for us, and immediately our forwards got round their goal, but the treacherous state of the ground made accurate shooting most difficult. The opposite side frequently visited our goal, but the half-backs generally managed to repulse them.

At the end of twenty minutes' play, Fitzhugh scored the only goal of the match, after some good passing between Hewetson and Lawrence.

Play continued of a give-and-take character till the whistle blew for half-time.

We only played twenty minutes in the second half, and play was pretty even. Lavers saved some good shots, and Evans was noticeable for some very hot shots at their goal.

When the whistle blew we had all had quite enough of it, and our only consolation was that we had opened our new ground with a win.

We had not our full strength by any means. Stamford's leg still prevents him playing, and Kirkby disappointed us at the last moment, obliging Hewetson to play forward, and G. Neville, a fresh man, taking his place at half.

TEAM:—N. Lavers (goal); H. D. Packer, W. Davies (backs); G. Neville, E. Evans, E. Crosby (half-backs); R. T. Fitzhugh (centre), H. Hewetson, G. Lawrence (left), B. F. Pendred, F. E. Walker (right) forwards.

Our record so far is: Matches played, 9; won, 5; lost, 1; drawn, 1. Goals for, 24; against, 32.

Birth.

HARRIS.—On November 15th, at Tregortha, Twickenham, the wife of Percy Traer Harris, M.R.C.S., L.D.S. Eng., L.S.A. Lond., of Harley Street, W., of a son.

Notice.

All Communications, Articles, Letters, Notices, and Books for Review, should be forwarded, accompanied with the name of the sender, to the Editor, Guy's Hospital Gazette, *Guy's Hospital, S.E.*

The annual subscription to the Gazette *is 6/6, post free 7/6. All financial communications, as well as subscriptions, should be sent to the Financial Editor,* Mr. C. H. Wells, Medical Office, Guy's Hospital.

Any of our Subscribers, who may be desirous of having their numbers of the Gazette *for 1891 bound, should leave them with the Librarian as soon as possible.*

The charge for binding in blue, with the Arms of the Hospital in gold, will be One Shilling *and* Sixpence.

Guy's Hospital Gazette,

DECEMBER 17, 1892.

NOTES ON A CLINICAL LECTURE BY MR. HOWSE.

November 30th, 1892.

Cock's Perineal Section *(continued).*

Having briefly recalled to mind the main facts mentioned in last Wednesday's lecture, and the distinctive features of the three cases cited therein, Mr. Howse advised us to regard these cases in three lights—1st, the condition of the urine; 2nd, that of the bladder; and 3rd, that of the stricture. That Cock's perineal section must not be performed in every case.

If a man who has always had a good stream, but has perhaps noticed that it has become just not so good as formerly, on an unlucky occasion drinks too freely and gets retention, in all probability, if his retention be promptly relieved, whether by suprapubic aspiration or by puncture per rectum, the spasm causing the retention will subside, and next time Nature calls him he will pass a stream as good, or nearly as good, as before. Such a case as this does not require perineal section.

Cock's puncture of the bladder is very seldom performed now, such cases as those for which it was introduced, and for which it was constantly being performed, being now rare. This is because of the general improvement of instruments and the better education of the general practitioner.

This is the sort of case for which it was performed: a patient comes into the Hospital with retention and bleeding from the urethra. Unskilful persons—perhaps several of them—have attempted to pass a catheter, not only once or twice, but for hours at a time, and have formed false passages and lacerated the urethra. The House Surgeon attempts catheterism, and, of course, gets into the false passages, causing pain and increasing the bleeding. In such a case as this, puncture per rectum relieves the retention and gives the urethra rest to recover itself.

To perform the puncture the patient is placed in the lithotomy position; the index finger of the left hand is passed into the rectum and the tip held in the middle line on the base of the prostate. The trocar and cannula are then passed along the dorsum of the finger, and pushed through the wall of the rectum just behind the base of the prostate; the trocar is then withdrawn and the urine gushes out.

Certain accidents may occur in this operation.

1. The prostate may be injured. In one case in which this happened considerable hæmorrhage followed, prostatitis was set up, and patient nearly died of septicæmia.

2. In another case patient had passed no water for 48 hours. A pyriform, dull swelling was felt above the pubes, extending nearly up to the umbilicus, and giving a thrill, which showed fluid to be present. The only reason for suspicion as to its not being a distended bladder was, that a catheter had been passed to all appearance into the bladder, but no urine had followed. Puncture per rectum drew off about 30 ounces of fluid, and the swelling disappeared. Patient died, and on examination it was found that the bladder was small and contracted, and not punctured by the trocar,

which had opened the peritoneal cavity, and the fluid drawn off was ascitic.

3. In two similar cases two old men had retention up to the umbilicus, and puncture per rectum in one case was followed by urine, in the other not. In the latter the trocar was found to have missed the bladder and wounded the sacrovertebral angle; in the former the peritoneum was wounded, and the urine had extravasated into the abdominal cavity, causing peritonitis and death.

The occurrence of such accidents as these has led to the abandonment of the operation.

Any treatment giving rest to the urethra by relieving the retention may produce good results. If the bladder be small, thick-walled, and containing little urine, puncture per rectum is a safer operation than suprapubic puncture.

The kind of cases treated by Cock's perineal section now is very different from those for which it was designed. Cock's cases were impermeable strictures associated with retention, urinary abscesses and fistulous sinuses—*e.g.*, a man has had stricture some 40 years, passing no water except by fistulæ; he has also cystitis, and is dying of septic absorption.

In cases such as this, after operation, it was found that the stricture became dilated of itself and urine passed by the natural passage; thus it was thought it might suit other cases of tight stricture by giving rest to the urethra, and so its application has been successfully extended. Any existing sinuses close, the incision closes, and the right passage is maintained.

Another case was a butler whose perinæum was riddled with fistulæ; his trousers were drenched with urine, and the stink was something portentous. He had been at his work as butler until quite recently. Cock's operation was performed, the bladder drained and washed out, and in six months all the sinuses and the wound had healed and patient was passing his water the right way.

Where the sinuses have closed after operation, and a catheter can be passed the full length of the urethra, relief is certain. If the urethra end in a blind sac, pass a staff as far as possible and cut down on to it from the perinæum; slit up the fibrous remains of the urethra and pass the catheter (silver one preferable) on into the bladder and leave it there in faith ("Faith results in works"); a new urethra is formed, not, in my opinion, by the proliferation of the epithelium from either end of the existing portion of the urethra, but by the catheter ulcerating its way into the original track of the urethra and the epithelium closing round it. The patient requires to have a catheter passed less and less frequently until he can do without one altogether, and a permanent cure results.

CASE OF GUMMA OF CEREBRAL MENINGES.

J. O'C., æt. 31, was admitted in Philip Ward, under care of Dr. Goodhart, on November 10th, suffering from extreme drowsiness and severe headache.

Family History. — Patient's father died of consumption some 20 years ago. His mother is a healthy woman, and his brothers and sisters are well and strong, except one sister, who has always been delicate.

Personal History.—Patient has always been a temperate man, and at no time of his life has he given way to alcoholic excess. He has always been a sufferer from severe headaches. He was in St. Thomas's Hospital nine years ago for concussion, from which he recovered completely. In May, 1892, the patient underwent a slight operation for removal of a "tumour" from the throat. As he was treated as an out-patient, it is impossible to find out what was the nature of the growth.

Present Illness.—About three weeks before admission (Oct. 20th) the patient complained

of very severe headache, and was generally out of sorts. He had also some attacks of vomiting at this time, and was said by his friends to have caught a chill, and had a shivering fit. After this he fell into a drowsy, semi-conscious condition, from which he could be roused and give an answer to questions, but did not always understand what was said to him, nor did he recognize his friends. On Sunday, Nov. 6th, he was taken very much worse, being quite unconscious, his friends being unable to rouse him. There is a history also of his falling out of bed the day before admission, and striking his head against the corner of the bed, and he seemed rather worse after doing so.

Condition on admission.—Patient was unconscious, but could be roused on stimulation to answer a question. He did not understand, however, what was said to him. He lay in bed with his right eye closed and left eye partially open, his mouth drawn over to the right side; abdomen hollowed out, hands and arms constantly twitching.

The skin was greasy, and there was some acne about the front of the chest and back. Though unconscious, seemed in a condition of general irritation, his arms being rigid and resisting any attempt to move them, and the same resistance was made on any attempts to examine the eyes and throat. The patient was constantly moving about in bed—so much so that side-boards had to be fitted to keep him in.

The examination of the heart and lungs revealed nothing abnormal. Knee-jerks were present on both sides, but he resisted any attempts to move them. Dr. Goodhart thought that the left arm was not quite so strong as the right. His speech was thick and slow; tongue was furred and bowels constipated. Temperature was 99°. Pulse 68. Pupils were equal and reacting. Patient had no difficulty in swallowing the milk.

Treatment.—Patient was given white mixture.

On the 11th, patient seemed rather worse, it being harder to rouse him. He was unable to swallow any food unless he was made partially sensible. His eyes were examined and condition as follows:—The edge of the left disc was swollen, blurred, and greyish-looking, the right one being in much the same condition, only a little clearer.

Liq. Hydrarg. Perchl. ℥i., Pot. Iod. gr. x., Aq. Menth. Pip. ℥i. t.d.s.

On the 12th, patient was still getting worse, he being unable to take any food by mouth, and so had to be fed per rectum with meat suppositories and nutrient enemata. Temperature 98°.

13th. Patient still lying restlessly, waving his arms about at times. He was able to take a little food by mouth. Temperature 100·6°.

14th. Patient lying quite quietly in bed to-day. Temperature 98·2°. Iodide increased to gr. xx.

15th. There was a great change for the worse to-day, it being impossible to rouse him at all. Temperature 102·2°. Pulse 156. Respirations 28.

16th. Patient remained perfectly unconscious all day again. Temperature 103°. Pulse 160. Respirations 40.

17th. Patient became conscious to-day, and answered questions put to him fairly intelligibly, saying that his headache was much less, but that he felt extremely weak. Temperature 101°. Pulse 120. Respirations 26.

18th. Patient still continued to improve, but on questioning him his memory is found to be impaired, he not being able to recall anything that has happened to him since he first fell ill, he being under the impression that he has only been in the Hospital for one night, and that he had fulfilled engagements which had been booked for him at Dover and Edinburgh. Temperature 98·2°. Pulse 110. Respirations 20.

19th. Patient still continues to improve intellectually. He passed a good night; takes his food well. Temperature 98. Pulse 96. Respirations 20. But he complains of having a numb feeling all down the right side, especially in the right hand, and on examination, both sensation and motor power are found to be considerably diminished. Diplopia present, and the right external rectus muscle weak. On the discs being examined, the centre part was considerably clearer, but the edge was still indistinct and blurred, and also all round the edge of the disc was a whitish fringe-like band, into which the vessels disappeared, and reappeared again on the other side. There was a hæmorrhage to be seen on the left side, on the lower part of the fundus.

21st. The symptoms of loss of power and sensation down the right side are considerably improved. Patient keeps quite free from headaches. Temperature 98·2°. Pulse 100. Respirations 24. The iodide had to be left off, as patient presented a profuse acne erruption all over his trunk, especially on the back, and Mist. Hydrarg. Perchlor. ʒss. t.d.s. was given.

22nd. Patient gave to-day a history of having syphilis about four years ago, for which he was under treatment for two years.

23rd. Mr. Brailey having been asked to examine patient's eyes, has given the following opinion :—"The optic discs are of good colour, and the white fleecy fringe at their margins is due to a thickening of the nerve fibrils. The white substance of Schwann is vastly thickened by infiltration with serum and opaque. I do not see why the discs should not recover without passing into atrophy."

25th. Patient continues to improve; he is regaining strength on the right side. He passes good nights, eats well, has no return of headache, and feels generally much stronger. Temperature 98°. Pulse 80. Respirations 20.

30th. On the discs being examined to-day, they are both seen to be quite clear. The white fringe round their margin is still present, and it hides the vessels at that part, they reappearing on the other side. Diplopia has passed off, and patient says that he can see as well as he could before his illness.

A CASE OF JAUNDICE WITH PYREXIA.

Thomas C., æt. 27, admitted into Clinical, July 16th, 1892, for diarrhœa, pain in head and abdomen, jaundice and pyrexia.

Family history.—Good. Patient has never been out of England, is a moderate drinker, and has always had a comfortable home.

Previous diseases.—Six months ago, patient was in Rotherhithe Infirmary for six weeks with jaundice and pain in head and abdomen. No history or signs of syphilis.

Present illness.—Patient left the Infirmary quite well, and remained so until fourteen days ago. He then had pain in his head and abdomen. Five days before admission, his skin became jaundiced and he had a "clammy" taste in his mouth. The day before admission, he noticed that his urine was of a dark colour. No history of rigors.

On admission.—Patient is well developed and well nourished. His skin is of a bright yellow colour. The conjunctivæ are yellow. Temperature 104°. Pulse 112. Respiration 28. Tongue thickly furred all over. "Clay-coloured" fæces. Liver dulness begins at sixth rib and extends to about two inches below ribs. Liver is not painful or tender. Spleen is not enlarged. There is tenderness on pressure immediately below umbilicus.

Respiratory system.—There are two small patches of tubular breathing, one at lower end of sternum, the other below right nipple. The rest of the chest is normal.

Urine.—Colour of muddy beer. Green tint on surface. Acid. Sp. gr. 1012. Gives reaction for bile and blood. Small trace of albumen. No leucin or tyrosin crystals. Heart sounds normal.

July 18. Temp. morning 103°; evening 101·2°. Marked tubular breathing in right axilla and at lower end of sternum. Indefinite tubular breathing all over right chest. No dulness; no marked bronchophony; no râles anywhere in chest. Patient had rather severe epistaxis last night. Sputum is viscid and *bile-stained* (it is stated in text books that saliva is unaffected in jaundice). No tubercle bacilli found.

July 19.	Temp.	Morning	99°.	Evening	100·2°.
„ 20.	„	„	99·4°.	„	99°.
„ 21.	„	„	98·4°.	„	99°.
„ 22.	„	„	98·4°.	„	101·8°.

Jaundice is much less marked. The physical signs in the chest are the same, with addition of bronchophony and râles in front of right chest and râles at right base. Patient has had seven motions in the last twenty-four hours; they are watery and bile-stained.

July 23. Temp. Morning 99·4°. Evening 103·2°.
" 24. " " 100°. " 102·2°.

Diarrhœa is kept in check by Pil. Cupri. Sulph. with Opi. gr. viii. S.O.S.

Urine.—Dark coloured. No green tint. Acid. Sp. gr. 1010. Small trace of albumen. No reaction for bile.

July 25. Temp. Morning 99·8°. Evening 102·6°.
" 26. " " 101·2°. " 102·8°.

Jaundice disappearing. Patient had four watery and bile-stained motions in the last twenty-four hours. Liver dulness has not diminished. Physical signs in right chest have not altered. Patient has had severe headache the last two days and was sick last night. The headache was relieved by antipyrin.

July 27. Temp. Morning 100·2°. Evening 103°.
" 28. " " 99·6°. " 102·4°.
" 29. " " 98·8°. " 101·4°.

No headache, sickness, or diarrhœa.

July 30. Temp. Morning 99·6°. Evening 101°.

The physical signs in front of right chest are the same as on July 22. Behind there is tubular breathing and dulness over upper part of lower lobe.

July 31. Temp. Morning 98·6°. Evening 100·6°.
Aug. 1. " " 99·4°. " 101°.

Dulness, loud tubular breathing and tinkling râles over upper part of right lower lobe. Tubular breathing and tinckling râles in right axilla. Liver dulness has not diminished. Severe headache occasionally. No optic neuritis. Urine is normal. Very slight jaundice.

Aug. 2. Temp. Morning 99°. Evening 101°.
" 3. " " 98·6°. " 101·6°.
" 4. " " 98°. " 99·2°.

Physical signs in chest are much less marked. Liver dulness is still two inches below ribs. Patient is comfortable.

Aug. 5. Temp. Morning 98°. Evening 99°.
" 8. Temp. normal. Impaired resonance behind and faint tubular breathing. A few râles are present in front and behind on right side.

Aug. 12. Temperature normal. Slightly impaired resonance and râles in right chest behind. No tubular breathing. Liver dulness normal. Very slight jaundice.

Aug. 18. Patient feels very well. No abnormal physical signs except occasionally a few crackling râles on deep inspiration, opposite spine of right scapula. Patient gets up every day.

Aug. 22. No abnormal physical signs. No jaundice. Patient is putting on fat.

Patient went to a convalescent home. He came to show himself at the Hospital three weeks afterwards. He was looking very well and had put on at least a stone in weight. He had no abnormal physical signs.

J. D. T.

A CASE OF MIDDLE MENINGEAL HÆMORRHAGE WITHOUT FRACTURE OF THE SKULL.

Coma. Cyanosis and Death from Respiratory Failure One Hour after Admission.

Eliza R., æt. 46, was brought to the Hospital at 3.30 on July 16th, 1892, unconscious, after having fallen downstairs. She was admitted at once. I saw her at 4 p.m., having been sent for to the ward, as she had suddenly become cyanosed whilst she was being undressed prior to being put to bed. She was then extremely cyanosed, and only gasping occasionally. The pupils were not contracted, and were equal; they did not, however, react to light. All the limbs were flaccid, and very cold. The pulse was very slow—between 30 and 40. There was a rectangular scalp wound, about two inches in length posteriorly. It did not seem to lay bare the bone.

Efforts were at once made to try and restore respiration, artificial respiration being kept up continually. Hot bottles were placed against the legs and the trunk, and ʒss. of brandy with an equal quantity of hot water was poured into the pharynx and swallowed. Respiratory movements now became rather more frequent, and mxx. of ether was injected under the skin, but as soon as the artificial respiration was left off they ceased again. The condition did not again improve, and in spite of hypodermic injections of brandy, the heart stopped at 4.30.

At the post-mortem a clot measuring about 4ozs. was found on the left side between the skull and dura-mater. No fracture of the skull was found, although most careful search was made by stripping off the dura-mater from the inside, and the pericranium from the outside. The mitral valve was thickened and contracted, and there was some atheroma just above the aortic valves.

This case is of interest on account of the sudden failure of respiration, and of the occurrence of meningeal hæmorrhage without fracture of the skull. The cause of the coma was not diagnosed during life, partly because the history was so unsatisfactory, the man with whom the woman was living giving contradictory statements and being partially intoxicated. But at the inquest it came out that she had fallen downstairs and was unconscious when picked up, so that there was no lucid interval. This, with the equality of the pupils and the flaccidity of all the limbs, shews that there were no symptoms definitely pointing to meningeal hæmorrhage.

A similar case of sudden cyanosis from respiratory failure is recorded in Mr. Jacobson's classical article, G.H.R., 1886, p. 219. In the same article will be found four cases of meningeal hæmorrhage without fracture of the skull, together with remarks by Sir C. Bell on the causation, p. 157. There is also a similar case reported in the Annals of Surgery, August, 1890; and, although rare, and doubted by some surgeons, there can be no doubt that the lesion does occur. A. T. RAKE.

A CASE OF SCARLATINA.

Otitis Media and Death from Septic Meningitis on the 18th Day.

The child was attacked with scarlatina on May 18th, and died on June 5th. As far as I am aware, it is rare for brain mischief to follow scarlatinal otitis so early, and the case is recorded for this reason only.

The history is briefly as follows:—Boy æt. 2½. First seen by me at 1 p.m., June 3rd, 1889. The mother stated he had been thirsty and restless for a night or two, but previously to that he was perfectly well. On close questioning, she remembered he had had "measles" 14 days before (May 18th). No sore throat was noticed, and the child was up and out of doors in a few days.

On June 2nd he vomited in the morning, but afterwards ran about, and seemed as well as usual. In the afternoon the right ear commenced to discharge. No pain in the ear or head had been complained of.

On June 3rd, at 11.30 a.m., he asked to be laid down, and shortly after was noticed to be quite unconscious. At 1 p.m. he was unconscious, with face pale and livid, and surface generally pale. Eyes widely open and eyeballs directed to the right. Slight corneal reflex and nystagmus present. Pupils equal, medium-sized, and reacting to light. Mouth firmly closed. Right forearm flexed and rigid, rest of body flaccid. Slight twitching of mouth occasionally. Pulse regular, quick and full. Respiration quick. A purulent discharge from right ear, and a hard glandular swelling below lobe of ear. No œdema of legs or face. Hands, thighs, legs and feet desquamating freely.

After remaining in this condition two hours he became conscious, and took food and medicine (Pot. Bromid.) At 9 p.m. he could sit up, talk, and move the limbs well. Face flushed and frowning. No pain complained of. Temperature 102° in groin. Bowels freely open and urine passed.

June 4th. He remained as above until 6 a.m., and then again suddenly became unconscious, and "stretched himself out."

At 11 a.m., coma complete. Eyes directed to right. Right pupil smaller than left. Head retracted, legs and arms rigid. Face flushes and rigidity increases occasionally. Cheyne-Stokes respiration. Pulse quick and small. Temperature 104°. Priapism. He moans now and then.

June 5th. Conjunctivæ congested. Respiration very rapid and heaving. Temperature 101°. Pulse just perceptible. Condition otherwise as yesterday. Died at 2 p.m.

JOHN CRISP.

L. D. S. EXAMINATION.

One day of the practical examination was held on November 29th, at Guy's Hospital, and the success with which the arrangements were carried out by the active assistance of the students, is worthy of record in the History of the Dental School.

Three weeks before the examination few would have thought it possible that the new building could be used, but, on November 8th, the order came to move into the new School at once. The conservation room was full of workmen, and the laboratory was filled with carpenters' benches; but in a few minutes there was a procession of students carrying their instruments, the operating stools, the lockers, and tables from the Medical Ward to the new School.

A few chairs were got into position at the more finished end of the conservation room, and patients were attended on the morning of moving. To get the laboratory in order a test examination was announced for Monday, November 21st, and the preceding Saturday was devoted to clearing out the carpenters' benches and preparing for the examination. A good deal of manual labour was required, and it was on this occasion that Dr. Perry, amongst other trifles, showed himself able to carry a heavy lathe without assistance.

On November 21st the test examination was held of twenty students, and everything they required was purchased. This was repeated on November 25th. Preparations were complete on the 28th, and the L. D. S. was held on the 29th.

The laboratory examination commenced at 9 a.m.

At 8.45 the Examiners arrived and found everything ready.

Forty tests, including 20 specially constructed plates of 18 carat gold, were available for the 28 candidates. The work benches were numbered, and all the tests were decided before the work commenced. At a few minutes past 9 a.m. all the candidates were admitted together, and as they poured into the room with their coats off and white aprons on, they looked in grim earnest. They dropped into their places and there was no confusion, for each of them had been supplied with a diagram of the laboratory, and as the walls were liberally placarded, every man could find what he wanted.

Mr. Pillin was in charge of the laboratory and he was assisted by six students, each of whom was stationed at a separate bench or table.

Two clerks from the D.M.C. cut gold plate to pattern, as fast as they could, and although everything likely to be wanted had already been purchased, there was a large reserve of instruments and materials in an adjoining room; and some of these were wanted. One could scarcely help thinking that three hours' hard work in the laboratory is scarcely the best preparation for the delicate manipulation required in the conservation room, in the afternoon; and it would, perhaps, be better to reverse the order of the chief events.

A messenger was in attendance to bring further supplies from a depôt. Messrs. Stoner, Parfitt, and Pritchard were especially busy, and the latter was stationed opposite four melting furnaces and the casting table, which might have been trying to anyone of less robust constitution. Soon after 12 o'clock the laboratory work was stopped, and some of the fifty patients for the conservation room had arrived. Whilst these amused themselves with the daily papers and comic journals provided for the occasion, the students took all the candidates to lunch in the Club. The Examiners lunched with Dr. Perry in the Warden's house. Meanwhile the selection of 28 patients steadily progressed, and, punctually at one o'clock, all the candidates entered the conservation room to find their patients ready in the operating chairs. Six students were ready to weigh out gold, and to supply anything wanted. The conservation room examination gave little or no trouble, for it was the same as the daily work of the department, and it was pleasant to note that the patients were pleased with the result of their sittings. I have since heard of one who tells all her friends about the examination at Guy's, showing them a very fine gold filling that was done for her. She is very pleased with the filling, and says she cannot understand why the gentleman made her a present of half-a-crown besides.

The highest compliment to the value of the operations was paid by several medical students who were on the look out for vacancies amongst the patients, whose chairs they were waiting to fill; but there were plenty of out-patients who came by appointment, and these were attended.

The fillings were finished by 4.30, and, whilst tea was served in the laboratory, the regulation cases were arranged in the conservation room, and each candidate was, in turn, examined on "Regs." This went on till nearly half-past seven, and finished the day's work.

In bidding "Good night," one of the Examiners thanked the assistants for their aid, and in congratulating the Department on the success of the examination, he added that the only omission was that a few camp bedsteads had not been supplied for the use of the examiners. So ended a memorable day in the development of the Dental School.

APPOINTMENTS.

OLDMAN, C. E., M.D., M.R.C.S., has been appointed Medical Official of Health to the Godstone Rural Sanitary District.

RALPH HUGH, M.R.C.S., L.R.C.P., has been appointed Junior Resident Medical Officer and Registrar to the Evelina Hospital, *vice* A. H. Cheatle, resigned.

ROBERTS, SIDNEY JOHN, L.R.C.P. Lond., M.R.C.S. Eng., &c, has been appointed one of the Resident Surgeons to the Birmingham General Dispensary.

DEMONSTRATIONS IN PATHOLOGY, WITH REFERENCE TO SPECIMENS IN THE PATHOLOGICAL MUSEUM.

BY DR. SHAW.

PATHOLOGICAL CONDITIONS OF LUNGS.

Gangrene of lung.

Preceded by pneumonia of lobular or lobar type, but by the former far more commonly than the latter.

In lobular pneumonia gangrene is the issue when the micro-organisms have exceptional advantages, from their numbers or from their virulence. Thus in 3257 a piece of bone, which was swallowed and lodged in the bronchus, was the foul breeding place from which organisms infected the lung to such an extent as to induce gangrene. In 3276, syphilitic ulceration of trachea was the cause, just as malignant ulceration of the œsophagus or tongue often may be. In 3278, a tracheotomy wound that became foul set up gangrene of lung. A septic infarct. (3265), or a rapid phthisical process (3326) may also give rise to it.

In lobar pneumonia gangrene is much rarer and seems to depend on the small power of resistance of the patient. Thus a drunkard's lungs (3279) may pass on to the gangrenous stage (3283A).

Malignant disease of lung.

This rarely starts primarily in the lung; sarcomata that appear to do so, may really start in bronchial or mediastinal glands.

3350. Primary miliary carcinoma.

3353. Primary carcinoma associated with tubercle.

Whether primary or secondary, they nearly always are on a pleural surface and form a prominence on it, unless the growth be scirrhous when there will be a pucker on the surface resembling fibroid induration (3351A).

In rare cases the growth is so scattered through the lung as to resemble miliary tuberculosis (3350). In other instances it resembles a gumma.

It may be, though rarely, associated with phthisis (3353). In one remarkable case a very chronic squamous epithelioma of the base broke down and caused cavitation, which for a long time puzzled the physician, and was supposed to be some kind of pneumonia.

The symptoms which may suggest malignant disease are obstruction to a bronchus, with an effusion of fluid that is found to be blood-stained.

The secondary growths found in the lung are of every variety:—

Epithelioma (3349)
,, excavated (3349A)
Scirrhous carcinoma (3351A)
Colloid ,, (3351)
Sarcoma (3357)
Osteo-Sarcoma (3355, 3356)
Myeloid ,, (3358)
Melanotic ,, (3359)

Pathological Conditions of the Pleura.

Simple pleurisy.

Recognised by the dulness of the serous surface (3384), or the presence of recent lymph (3386). This lympth sometimes appears in the form of a false membrane and may be very abundant (3390). Sometimes masses of this fibrinous lymph may become detached and float about in the fluid effusion. More usually adhesions are formed (3385) which may be in the form of long filaments (3393) allowing free movement. An unusual condition is shewn in 3394, in which there is a complete membraneous septum dividing off a part of the pleural cavity. A similar condition, which is commoner, is seen where adhesions completely surround an area over which effusion takes place so as to encyst it (3389).

The organisation of lympth on the pleura resulting in thickening of the membrane may amount to an inch or more in thickness, and so give rise to distinct physical signs.

The lung in pleurisy may be affected in two ways; it may be compressed by fluid (3384), or by the mere thickening of the membrane. One variety of fibroid lung is said to start from a thickening of the pleura due to pleurisy; hence the name Pleurogenous Fibrosis.

Tuberculous Pleurisy.

General tuberculosis of pleura, as of other serous membranes, is common (3401).

Localized tuberculous pleurisy also occurs (3402).

Empyema.

So far from it being the rule for empyema to be preceded by serous effusion, it is more usual for empyema to be such from the first. Effusions are purulent very commonly in children, or after typhoid fever (but in fifteen consecutive cases they have been serous), or in any particularly feeble condition of the patient. Or else by extension from some infective source, such as a carious rib.

Pus in a pleural cavity is never absorbed, unless it be sometimes in children; left to itself it makes its way out generally near the nipple, whence the old belief that phthisis came out, or else into the lung (3405, 3406).

Deformity in old cases is marked—lateral curvature, sunken ribs, prominent scapula, &c. (3404).

Empyemata are more commonly encysted than serous effusions; they may be pent up between the lobes (3409), or between the diaphragm and lung (3408). In such situations diagnosis is difficult.

The pleura is greatly thickened sometimes (3410), so as to cause dulness due to this alone. More usually, however, dulness is due to compression of the lung.

Calcification (3416, 3422) may take place in the inflammatory product and calcareous plates may become loose.

Complete cure in a child (3411) who had pus removed, and three years later came in for a burn and died: merely a few flocculent adhesions to be seen.

Resection of ribs (3412). Several ribs have to be removed to obliterate the cavity left by an old empyema,

Pneumothorax (3414, 3415).

Air may be admitted from outside by a wound or by the bursting of an empyema or other ulceration of thoracic wall, or it may be admitted from the lung if excavated by phthisis or much thinned by emphysema, or by rupture of an empyema into the lung.

Pneumothorax is less common in phthisis than might be expected, because by the time the vomica is formed the pleural cavity over it is obliterated by adhesions due to pleurisy. Hence it happens that it is commoner in the lung in which the disease is less advanced and there is therefore less pleurisy, and hence its gravity as a complication.

Growth.

Carcinoma, associated with similar affection of peritoneum (3425); associated with breast; this is the commonest sequence: signs of effusion, especially if bloodstained, after removal of breast for cancer, are signs of dissemination.

Squamous epithelioma, secondary to mouth. Several small, flat, raised patches on pleura with growth invading lung; not unlike broncho-pneumonia, from which the man was supposed to have died (not yet mounted).

Sarcoma (3428A).

Pathological Conditions of Diaphragm.

1. Punctured wounds: by bullet (3439): by trocar in paracentesis (3440). The diaphragm may be high though the chest be full of fluid.

2. Diaphragmatic hernia, due to violent laceration of diaphragm (1362), (25), or to congenital deficiency (118). Such a hernia may present itself simply as an acute intestinal obstruction, and in operation for obstruction therefore, should be thought of.

3. Affections of serous coverings v. Pleura and Peritoneum.

4. Gumma (3441, 3442). Yellow caseous nodules which may originate in the muscle, but more commonly implicate it only from their situation in liver or spleen.

5. Fibroma (3443), not uncommon.

Pathological Conditions of Mediastinum.

Malignant disease.

Generally sarcoma (3445, 3447) of glands, and associated with multiple growths in spleen, and enlargement of other lymphatic glands, by which a diagnosis from aneurysm can be made. Also associated very often with rapid serous effusion, which is useful in same diagnosis.

Rarely carcinoma (3444A).

Mediastinal dermoid cysts occur. One was opened for an empyema, but finally recognised by the hair which came out (3448). Another was only found post-mortem, and gave no symptoms.

NOTES FROM THE DISPENSARY.

Jequirity.—The seeds of the Abrus Precatorius are used as beads for making rosaries, necklaces, &c.—hence their common name of prayer beads. They are of a bright scarlet colour, with a black patch round the hilum. The roots resemble those of the Liquorice plant, and form an excellent substitute for them—and hence the name of Wild Liquorice, or Indian Liquorice, by which this plant is sometimes known. The seeds are innocuous when eaten, but poisonous when placed in wounds or under the skin of animals. In India they have been extensively used for poisoning cattle, and less frequently for destroying human life. In Brazil the plant is called Jequirity, and has been used for many years for the treatment of chronic granular conjunctivitis. "It is in the chronic granular cases that abrus is said to be of advantage, but unless carefully applied it not unfrequently happens that an eye, otherwise capable of being saved, has been entirely ruined by the application of a concentrated solution." A weak cold infusion of the powdered abrus seeds, applied as a lotion, rapidly produces a purulent ophthalmia of an intensity corresponding to the strength and number of the applications. The fictitious ophthalmia thus produced disappears in the course of ten days or a fortnight without any therapeutic interference or danger to the cornea. The strength of the infusion, as used by Dr. Moura (*Pharm. Journal, p. 4, 1883*), who appears to have been the first to have reported the action of jequirity, was grains of the seeds deprived of their testa in 100 minims of cold water. The action of jequirity, in producing an acute inflammation of the conjunctiva, was ascribed by Sattler (*Weiner Mediz. Wochen, No. 18-21, 1883*) to an innocuous bacillus, which was always present in the air, but which took on pathogenic qualities when growing in an infusion of abrus seeds. It has also been asserted by other investigators, that the poisonous action on the organism a whole is due to a specific bacillus, which was derived from the seeds and developing primarily at the seat of the injection of the infusion, pervaded all parts of the organisation and thus caused death. The non-bacillary nature of abrus poison has, however, been clearly demonstrated by later experimentors. From culture experiments it has been shown that the seeds contain no specific bacilli or spores capable of developing in nutrient gelatine. In one of the experiments no bacilli were found, even after cultivation for two weeks; in the other, the bacillus was proved to be inert, both when applied topically to the conjunctiva, and also when inoculated, and administered hypodermically. The intensity of the abrus ophthalmia depends upon the strength of the infusion, and the frequency of the application; this fact is an argument in favour of chemical action, and the presence of some chemical poison in the seeds. That such is the case has been proved by various investigators who have isolated this poison, and have shown that it is of a proteid nature, and that it exists in the seed in a form which is soluble in water. The effect of temperature upon the activity of the poison is very marked. A short exposure of the watery infusion to a temperature of about 70° C., is sufficient to bring about permanent loss of its physiological properties.

This poisonous principle has been termed abrin. It is an amorphous solid of a pale grey colour and tasteless. It is soluble in water and glycerine, and is precipitated from these solutions by alcohol.

The composition of abrin approximates somewhat closely to that of egg albumin and the vegetable albumins; there is no direct proof that it possesses any of the properties which specially characterise the soluble ferments, so that it is best described as a chemical poison of a proteid nature. Abrin bears in many ways a strong analogy to snake poison: it may be taken by the mouth with impunity; it is only when introduced into the subcutaneous tissue or directly into the circulation that toxic symptoms develop. Heat lessens the activity of both poisons. The formula which has been used at Guy's for Infusum Abri is as follows:—

Jequirity seeds, freed from testa, 70 grains.
Distilled water, ʒviij.

Soak the bruised seeds in water for two hours, then grind up and soak in the same water for twenty-two hours.

Jambul.—This drug consists of the seeds of Eugenia Jambolana (Syzygium Jambolanum). The tree is a very common one in India, and the seeds have been used by the natives for centuries as a remedy in diabetes. They were introduced into European practice some years ago; a considerable quantity has been used at Guy's. The results, I believe, have not been satisfactory, and for a long time there has been no demand for this drug. Recent researches have shown that the seeds contain a principle which has the power of preventing diastasic fermentation. In a mixture of starch, extract of malt, and jambul in sufficient quantity, there is no conversion of the starch into glucose. If this is the only power possessed by this drug, there can be no surprise that jambul does not cure diabetes.

H. COLLIER.

ACKNOWLEDGMENTS.

The "Hospital."
The "Clinical Journal."
The "Corpuscle."
The "St. Thomas's Hospital Gazette."
A sample bottle of Messrs. Burroughs & Wellcome's Meat Juice.
Food, Drugs and Drink.
Helbing's Pharmacological Record.

OVERHEARD IN THE SURGERY.

Cheerful mother to howling boy—"Now Billy, don't make that noise, you stay 'ere in the 'orspital, 'cause you don't want to go in a nasty cold box like brother Johnny, do yer?"

THE RECENT APPOINTMENTS AT GUY'S

We have much pleasure in announcing that Dr. E. C. Perry has been appointed Medical Superintendent of Guy's Hospital, and we take this opportunity of offering him our hearty congratulations upon his preferment. At the present time, beside his Hospital appointments, Dr. Perry holds the position of Dean in the Medical School and Warden of the Residential College; and though in accepting his new duties the latter posts have necessarily become vacant, we are very glad to hear that the Hospital will not be deprived of his services as Assistant Physician. The Medical School will also have the advantage of the continuance of his labours in teaching, both as Physician in charge of the Skin Department, and as Demonstrator of Morbid Anatomy. In each of these capacities his work has been marked with much success; for the Skin Out-patient Department is now larger than at any previous period of its history, while in the Pathological Department we are indebted to him for the compilation of the first and many succeeding alphabetical indexes of the Post-mortem Reports, as well as for the impetus to histological research which his introduction of a routine plan of microscopically examining fresh tissues obtained from the post-mortem room has undoubtedly given. The laborious task of revising the catalogue of the Pathological Museum, upon which he has been engaged in conjunction with Dr. Shaw during the past two years, will not be interrupted, so that we may still look forward to the completion of a work which will redound to the glory of our Hospital.

That the new Medical Superintendent will justify the confidence which the Governors of the Hospital have placed in him cannot be doubted by any one familiar with his powers of organisation, his business capacities, and his tactful mode of ruling. Dr. Perry's work in connection with the foundation of the College and the constitution of the present Students' Club, his able assistance in the establishment of a Dental School, and his arduous labours upon the committee for the revision of the Guy's Pharmacopœia, show the leading position which he has taken among the makers of modern Guy's. And we take it as yet another sign—if such were sought—of the good relations existing between the Hospital and the Medical School, that the Governors should have chosen to be their Superintendent a member of the Staff, who from his varied experience would bring with him an intimate knowledge of the needs of the Medical School.

In welcoming Dr. L. E. Shaw as the new Dean of the Medical School our task is a very pleasant one. To say that the work of the Medical Office is no sinecure savours of a platitude, and gives but a sorry idea of its extent. As the years have rolled on we have watched that office steadily expanding into a three-chambered tenement, with an innermost sanctum sanctorum behind the veil, and we have seen the staff of officials gradually increasing with the growth of the influence and requirements of the School. For it is to the Medical Office that every one takes his joys and his woes, with the certainty of receiving such kindly help and advice as he needs. It is there that the ever-increasing business of our School in its manifold complexity is carried on with the regularity of a machine. Upon its judicious guidance so much depends, and to this honourable position Dr. Shaw has been appointed. His kindly disposition, his business skill, and above all, his full acquaintance with the working and management of the School, render him a worthy successor to Dr. Perry. His interest and devotion to every thing relating to the Clubs' Union —that inner life of Guy's—have earned our gratitude, and he will carry with him to his new sphere the best wishes of us all.

Passim.

We are pleased to see that Mr. Clement Lucas has been elected an Examiner in Anatomy at the Second Conjoint. Guy's is now represented on the Conjoint Board as follows:—Final Examination, Messrs. Howse and Davies-Colley; Second Examination, Mr. Lucas; First Examination, Mr. Dunn; Elementary Biology, Mr. Beddard; Midwifery, Dr. Horrocks; in Medicine, Dr. Goodhart; and in the Department of Public Health, Mr. George Turner.

There are two other changes in the Examinerships. Mr. Treves takes Mr. Christopher Heath's place at the Final Conjoint, and Sir Wm. MacCormac is appointed an Examiner in Dental Surgery.

While on the subject of the Fellowship, we may call attention to the latest and very welcome regulation. In future the papers on Anatomy and Physiology for the First Fellowship will be given on separate days, instead of on the morning and afternoon of the same day, as at present arranged.

We trust financial difficulties or want of funds has not driven the *B. M. J.* to the degrading system of introducing advertisements among the pages of each of their numbers. Of course, a higher scale of charges is made for such advertisements; but is not our contemporary above such temptation? Shall we see next—and how soon—advertisements introduced into the text? We trust not.

A collection of sixty cases of penetrating abdominal wounds that have been treated at the Cook County Asylum, U.S.A., have been collected and published by the Registrar. Laparotomy has been performed in nearly all. Twenty-nine of these were revolver wounds, the rest the result of "knifing." This reflects a state of affairs eminently desirable from the dresser's point of view, but socially perhaps a bit too brisk.

Collectors of epitaphs may be able to identify the following, said to occur in a churchyard in Lincolnshire:—

> "Here lies the body of Johnny dear,
> Snatched away by the Diarear."

In the *St. Thomas's Gazette* there is a letter urging the necessity of the Cricket Club at that Hospital getting for itself and its sister clubs a ground. They are beginning to realize the importance of the step recently taken at Guy's, and will do their best to be up with us. We shall be very glad to hear of their success in this matter, and hope it may be as great as ours. Another point in which they are anxious not to be behindhand, is the foundation of a Residential College.

There is a patient in one of Mr. Lucas' beds in Job, who is at the head of his profession—that of performing on the Irish pipe. Should he be still in the Hospital at Christmas, he ought to be made use of, unless the Irish pipe is anything like the Scotch pipe. In that case, perhaps the patients ought to be considered.

"Laudator Temporis Acti" writes to remind us of some of the sins of omission of which we were conscious, and of others which we were not. With regard to the latter, concerning old Guy's men well known to former generations of students, he suggests that we should "take to ourselves correspondents from among old Guy's men." What is there that we could desire more? Students at Guy's cannot be familiar with the history of all generations of their predecessors; and at the same time, the Editors of the Gazette have good cause to be grateful to old Guy's men for the loyal support they give the Gazette; without that support the scale of the Gazette would have to be much reduced. We are always glad to receive from past students any items of news that may make our pages of more interest to those of our readers who have left Guy's. We have never passed over such contributions, and shall consider it a favour if old Guy's men will keep us informed of the doings of all our celebrities

whom it is not our good fortune to see often at Guy's.

It is proposed, we hear, to place a tablet in the Chapel in memory of the late Dr. Steele.

Part of the recent Examination for the L.D.S. was held in our new Dental Laboratories, and we publish an account in another column of the arrangements for the practical work there. We hear that the Secretary to the Examining Board, Mr. Hallett on behalf of the Examiners; and the House-Surgeon of the Dental Hospital on behalf of the candidates from Leicester Square, have written to specially thank those who made the arrangements.

We sometimes find our way into the Surgery; when we do so between the hours of 12 and 2 in the middle of the day, we are struck by the number of patients who are waiting, by appointment, for their dressers. It is almost a daily occurrence apparently for a patient to have to wait two or more hours for his dresser. Punctuality is the thief of time, of course, but other people's time should be taken into the calculation, and then the result of the sum might be modified. Engagement books might be devised with the pages divided so that the engagement should be entered on each part, and one part given to the patient and one retained by the dresser. Possibly if such books became the fashion among dressers, there might be less weary waiting—possibly, however, there might not.

The long-expected "History of Guy's" is out. We gather from what we hear of its reception, that it is more than favourable. It is very good reading, and to every one who cares for Guy's will be indispensable. The notice of Moxon struck us as the most interesting part of all.

Disappointed candidates in examinations should not fail to infer from any anecdote told in this book that if they attack their examiners with life-preservers, they will, if prosecuted on a criminal charge, be acquitted.

Just before going to press we received the news that Mr. L. A. Dunn has been elected by the College Committee to succeed Dr. Perry as Warden of the College. Mr. Dunn is so well known from the long period during which he has held sway in the Dissecting-room, and is so exceptionally popular, that we are sure all the residents in the College and every member of the Students' Club will unite with us in offering him a hearty welcome.

The complete B.S. list is not officially published yet, but there are six or more of our men in the first division. As for the M.S., it is "one grand triumphal march" for Guy's. The gold medal has been obtained by Mr. T. B. P. Davies, and our other two candidates, W. C. Rogers and F. W. Hall, both qualified for it.

Correspondence.

To the Editor of Guy's Hospital Gazette.

Sir,—The following short notes of two cases that have recently occurred in my practice may be of interest to your readers.

Case 1.—Whilst attending a family for measles, a message arrived one night that the baby's leg was swelling. On reaching the house, I found the baby, 16 months old, covered with a typical measly rash, and on examining the swollen leg (the left) I found a complete fracture of the tibia and fibula. In exploring further, I discovered another complete fracture of the right femur. There was absolutely no history of any fall or blow, the baby not having been out of its mother's arms except when in the cradle. The father has a spinal curvature. The baby has always been well from its birth up to the present. The next child above, nearly 3 years old, is unable to stand or hold its head up.

Case 2.—I attended a woman in her eighth confinement a few days ago. The child on its arrival presented a supernumerary finger on each hand. On enquiry I found that the fourth child had been born with one supernumerary finger, that the father had been born with two supernumerary fingers, and his sister had had two supernumerary fingers and one supernumerary toe. In the present generation the fourth child and the eighth child, a boy and a girl, had been the subjects of these supernumerary growths. I was not able to trace the history farther back.—Yours truly,

T. KENEL ATKINSON.

Hospital News.

IN THE WARDS.

Philip 1.—Empyema.
2.—Cerebral syphilis. Clearing up optic neuritis.
3.—Acute rheumatism. Mitral stenosis and regurgitation.
4.—Phthisis.
5.—Acute rheumatism. Endocarditis.
6.—Abdominal tumour. Renal. Malignant disease.
7.—Phthisis.
8.—Typhoid.
9.—Chronic Bright.
12.—Aortic stenosis and regurgitation.
14.—Empyema. Opening into lung. ? Cause.
15.—Mitral. Ascites. Enlarged liver. Œdema of legs.
16.—Peripheral neuritis.
17.—Chronic tubal nephritis.
18.—Empyema.
19.—Spastic paraplegia.
20.—Enlarged liver. ? Cause. Fulness in upper part of abdomen, suggesting a cystic condition. Explored with needle and found to be solid. Hepatic dulness increased upwards in front to fourth rib. Needle inserted in tenth space behind on right, and a clear serous fluid withdrawn.
21.—Chronic tubal nephritis.
22.—Plumbism. Blue line. Wrist drop.
23.—Chronic tubal nephritis.
25.—Pyrexia. Pleurisy.
26.—Phthisis.
27.—Bronchitis and emphysema. Ichthyosis.
28.—Acute rheumatism. Mitral regurgitation.
29.—Recovering left hemiplegia. Hoarse voice. Unequal pupils. Abductor paralysis of left vocal cord.
31.—Idiopathic muscular atrophy. Erb's type.
34.—Left hemiplegia. Mitral systolic. Albuminuria. Embolism.
36.—Jaundice. Rigors. Pyrexia. ? Gall stones and malignant growth.
37.—Pleurisy. Mitral stenosis and regurgitation.
39.—Carcinoma of wall of stomach.
40.—Plumbism. Wrist drop. Œdema of hands.

Stephen 1.—Chorea. Endocarditis.
2.—Acute nephritis.
3.—Rheumatism. Endocarditis.
4.—Typhoid. Convalescent.
5.—Mitral stenosis and regurgitation. Ascites.
6.—Rheumatism. Mitral stenosis and regurgitation.
8.—Typhoid. Convalescent.
10.—Anæmia. ? Cause.
13.—Gonorrhœal rheumatism.
14.—Diabetes mellitus.
15.—Mitral stenosis and regurgitation. Pleurisy.
17.—Typhoid. Delirium. Well-marked rash.
19.—Enlarged liver and spleen. ? Malarial. Mitral and aortic systolic murmurs. No leucocytosis.
20.—Primary spastic paraplegia.
21.—Phthisis.
22.—Myelitis.
26.—Mitral stenosis and regurgitation. Systolic Mid-diastolic murmurs.
29.—Bronchitis. Mitral regurgitation.
30.—Hæmoptysis. Phthisis.
31.—Plumbism. Colic. Constipation. Blue line. Aortic stenosis and regurgitation.
32.—Phthisis. Chronic peritonitis. Ascites.
33.—Rheumatism. Mitral regurgitation. ? Adherent pericardium.
34.—Diabetes mellitus.
35.—Aortic stenosis and regurgitation. Bronchitis.
37.—Right hemiplegia. ? Cause.
39.—Diabetes.
40.—Phthisis.

Mary 8.—Chlorosis.
4.—Rheumatism.
5.—Empyema.
6.—Anæmia.
7.—Pleurisy.
8.—Typhoid. Convalescent.
9.—Diabetes mellitus.
10.—Acute nephritis. Ascites; hydrothorax.
12.—Bronchitis.
13.—Mitral stenosis and aortic regurgitation. Presystolic at point of cardiac impulse. Loud diastolic; very loud to left of lower part of sternum.
15.—Anæmia. Enlarged liver and spleen. ? Cause.
17.—Abdominal tumour. Renal. ? Nature.
18.—Acute rheumatism, pericarditis and endocarditis.
19.—Abdominal pain. ? Moveable, ? Tuberculous kidney.
20.—Chlorosis.
22.—Abdominal pain. ? Cause.
23.—Peripheral neuritis.
25.—Phthisis.
26.—Mitral regurgitation.
27.—Mitral regurgitation and stenosis.
29.—Chronic tubal nephritis.
30.—Syphilitic endarteritis of vessels of pons. Optic atrophy and choroiditis right eye.

Mary 32.—Diabetes mellitus.
33.—Typhoid. Convalescent.
34.—Acute bronchitis.
35.—Vomiting. Hysteria.
36.—Peripheral neuritis.
37.—Enlarged irregular liver. Anæmia. Malignant disease of liver.
38.—Diabetes mellitus.
39.—Aortic stenosis and regurgitation.
40.—Peripheral neuritis.
41.—? Myxœdema.
43.—Ascites. ? Cause.
45.—Phthisis.
47.—Phthisis.
50.—Phthisis.

Physical Society.

Abstract of Debate on Paper read before Physical Society, December 10th, 1892.

1. Introductory Apology and Alteration of Title—"The Pathology of the Fœtal and *other* Relics of the Human Body."
2. Cystic Disease of the Urachus.
3. Hydrocele—the various forms—The Organ of Giraldès
4. Descent of Testes—Theory of.
5. Congenital Cystic Kidneys.
6. Structures in Broad Ligament of Uterus and their rôle in the production of "Ovarian" Cysts.
   Oophoron, Paröophoron } Ovary.
   Epöophoron—Parovarium.
   Gärtner's Ducts and Skene's Tubes.
   Hydatid of Morgagni.
   Simple Broad Ligament Cysts.
7. Suppressed Teeth—Odontomes.
8. Thyro-glossal Duct—Dermoid Cysts.
9. Congenital Sacral Tumours.
10. Central Canal of Spinal Cord.
    a. Teratomata of Pituitary Body.
    b. Syringomyelia.
11. General Remarks on Preceding.
    a. Cyst an example of Atavism.
    b. Tubules play part of Cyst-germs.
    c. Cohnheim's Theory of Embryonic Remains.
    d. "Mesenchyme" Theory of the two Hertwigs.
    e. Analogy of Dermoid Cysts and Cancers.
    f. Origin of Teratomata.
12. Conclusion.

Mr. A. J. Sharp opened the debate by describing some of his Borough reminiscences. He found himself unable to subscribe to the theory put forward to account for the descent of the testes, whilst at the same time condemning the teleological view. Having delivered himself of a more than usually cacophonious word, he resumed his seat.

Mr. Parry referred to a case of patent urachus in which the malformation was of assistance to the surgeon. He noticed the omission by the author of the paper of any reference to Meckle's diverticulum and the branchial clefts, and took steps to remedy the defection. He doubted the truth of the view taken concerning the morphology of the central canal of the cord, and asked why dermoid cysts develope hair in their interior.

Mr. Pantin attacked the theory of testicular descent, and pointed out that it would not account for the intermittent nature of the condition as met with in rabbits, etc. He thought that biologists held too rigid views respecting the isolated individuality of the three primary germinal layers.

Mr. Birdwood enquired about the relation of the hydatid of Morgagni to encysted hydrocele of the testis. He failed to see why maglignant growths should not be equally common amongst the lower animals, and he would like to hear something about hygroma of the neck.

Mr. Butler questioned whether there were any instances on record of the imperfect atavism spoken of by Mr. Every-Clayton.

Mr. Hopson asked whether Mr. Clayton regarded all cases of supernumerary teeth as examples of fœtal relics. He was interested in the subject of tumours developed from tooth germs.

Mr. Eastes referred to astacus for proof of Gaskell and Sutton's theory of the nature of the central canal of the spinal cord.

Mr. Beddoe rejoiced that the theory of fœtal inclusion was no longer tenable, and asked why dermoids should be so much more common at outer angle of eye than at any other part.

Mr. Every-Clayton, replying, said that the theory of the descent of the testes had received a rude shock from the facts adduced by Mr. Pantin. He did not think that the branchial clefts were responsible for cervical hygroma, though they were doubtless the origin of deeply situated sebaceous cysts. Sutton had tried to make out a case for the laryngeal origin of hydrocele of the neck, and it appeared worthy of consideration. The existence of hair in dermoid cysts was on a par with the occurrence of piliferous skin-patches on the cornea, and would be classed under the head of atavism. The hydatid of Morgagni played no part in the ætiology of encysted hydrocele, probably on account of its free communication with the cavity of the tunica vaginalis. Malignant growth was of much wider zoological distribution than was even suspected by many people—the Serpent himself not escaping. The question why dermoids should be more common at the outer angle of the eye than elsewhere was similar to that which seeks the explanation of the more common occurrence of primary cancer in the liver than in the adrenal, and was in the present state of knowledge unanswerable.

The following list of specimens we exhibited:—

1. Child's Ovary, etc., showing:—
   a. Great number of Follicles.
   b. Paroöphoron—tubules of.
   c. Fallopian Tube, without any glands.
   d. Incipient Papillomatous Cysts (?)
2. Central Canal of Spinal Cord, lined by Ciliated Epithelium.
3. Pituitary Body—two lobes.
4. Pineal Body.
5. Vermiform Appendix, showing its successively Lymphoid structure.
6. Uterus and Broad Ligament of Child, to show Parovarium.

GUY'S HOSPITAL DEBATING SOCIETY.

The third meeting of the above Society was held on Saturday evening, the 3rd inst., in the Smoking Room of the Club, Mr. Fripp in the Chair. The evening was very wet, and this fact, coupled with the various football engagements and dances, prevented the men from turning up in large numbers. But what the meeting missed in numbers, was made up for by the interest of the debate and the high quality of the speeches throughout. Mr. C. P. Higgins, who was to have opened the debate, was unfortunately unable to attend, as he met with a serious accident on the Friday night, and Mr. E. Coleman very kindly stepped into the breach; he deserved the hearty thanks of the meeting, for he had not intended to speak at all, and had only ten minutes to prepare his subject. Two friends spoke; one, Mr. Straughan, a member of the Fabian Society, made an excellent speech, and the Chairman thanked him, and hoped he would come again. The following is a detailed account of the meeting.

The minutes of the preceding meeting were read and confirmed.

The subject for the meeting on January 14th was approved—viz., "That this House is of opinion that the time has now arrived for the Disestablishment of the Church in Wales."

Mr. PAKES moved, "That this House desires to express its deep regret at the death of Dr. Steele, and to sympathise with Mrs. Steele and her family in their bereavement."

The Chairman then called upon Mr. Coleman to move, "That this House deplores the Socialistic tendency of modern Legislation."

Mr. COLEMAN agreed with true Socialism, but denied that the doctrines preached by the present votaries were anything but a spurious form. The Glasgow Chamber of Commerce, at one of its meetings, had proposed that none but Union men should vote on any of the questions relating to regulation of hours or wages; this he considered was iniquitious, but on a par with many other of the proposals from the Socialistic part of the community. He objected to Burns and Co. settling wages, and preferred that they should be gauged by and in the market. The "three acres and a cow" scheme, or Land and Capital nationalization, might possibly be all very well for the individuals of a small community such as Switzerland, but could not answer in so great a nation as our own.

Mr. STATHAM commenced by thanking Mr. Coleman for having opened the debate at so short notice. He wished to touch upon the broad general principles of Socialism, and gave a short sketch of the history of State interference with the Capitalist. He pointed out that out of thirteen million pounds which was made every year, only five went to the labourers, and this, he thought, was not a fair proportion. He objected to the possession of the bulk of the land by comparatively so few people, and alluded to the three chief schemes of Land Nationalization by J. S. Mill, George, and Wallace, but did not believe in confiscating the property without adequate compensation.

Mr. PENDRED said that the three benefits which it was stated would accrue from an eight hours day were a decrease in production, an increase of wages, and the employment of the now great unemployed. He contended that in the case of a decreased output we should be forced out of our foreign markets by America and Germany. He contrasted the shorter hours and greater wages in England with the longer hours and smaller wages on the Continent. He alluded to the late London tramways strike, and the voluntary return by the men to the old hours.

Mr. A. SALTER claimed that the "Truck" and "Factory" Acts were eminently Socialistic. He drew some most heart-rending pictures of sweating in the East of London, and contended that the passing of an Eight Hours' Bill would benefit those workers as the Factory Act had benefitted the women and children. The American Declaration that the aim of Nations ought to be to give to her members Life, Liberty and Happiness, was the basis of the plan of Socialism.

Mr. GOLDIE objected to the regulation or limitation of the hours of labour against the wishes of the men themselves; nor did he see the fairness of employing unskilled at the same rate as the skilled labourers could get.

Mr. RICHMOND insisted that in order to obtain the end which the Socialists had in view, each side would have to make sacrifices, both the labourers and the capitalists. If the State were the landlord all would have an equal share, and an equal chance of prospective happiness. He contrasted the old feudal lords with the grasping capitalists of the present day.

Mr STRAUGHAN gave some very cogent arguments to prove that if the output were lessened the prices of the commodities would go up. He wished to emphasise the fact that a "general rise of prices" was an absurdity. He quoted J. S. Mill on International Values, and shewed that foreign trade was merely barter and that for goods a nation exchanged goods not gold. He said that the present army of the unemployed was the direct result of the monopolisation of the capital by the few, and spoke

in eulogistic terms of the co-operation of labour and capital, such as would ensue from the nationalization of capital.

Mr. Pakes criticised Mr. Straughan's statement about foreign trade, and deplored that he had only quoted half of J. S. Mill's opinions about International Values. He shewed that a decrease in the output of any commodity which we imported would mean a decrease in the amount of goods we could import. He did not think any scheme of regulation of labour and wages would tend to the general welfare.

Mr. Spriggs objected to the term dangerous in the motion, as if Socialism were in any way connected with anarchy or dynamite. All improvements in national matters were slow; we had started with barbarism, we had gone through feudalism, individualism, and capitalism to what?—Socialism! (then the house came down.)

Mr. Geach spoke of the increase in intelligence consequent upon the advancement of learning, and the impossibility of preventing intelligent labour from sharing in the capital—as had been the case hitherto. He strongly upheld the principle of unionism.

Mr. Passmore put the low status of labourers upon the shoulders of the better classes, who were nearly all actuated by the feeling which the Squiress gave vent to when she taught the village children—

"Lord bless the Squire and all his rich relations
And keep us poor in our proper stations."

He disclaimed against the Prudential Assurance Company who have declined to employ the sons of labouring men or tradespeople in their offices.

Mr. Harnett did not think the unemployed really wanted work if they could manage to get a living by cadging or otherwise.

Mr. Anderson asked if there was not a midway between the present state and Socialism? He did not think what was preached as Socialism was the true Socialism! Would it not be possible for the labourers and capitalists to come to some arrangement without the interference of the State. He objected to the superlatives used by the Socialistic stump orators.

Mr. Statham then replied. He regretted the superlatives used; he criticised Mr. Pakes' statements.

Mr. Coleman in reply said that he thought that any one who had read Carlyle's "Past and Present" would be convinced that there must always be somebody to govern, and somebody governed, and therefore could not agree with any Socialistic scheme, at any rate not like that laid down by Bellamy in his "Looking Backward."

The Chairman then put the motion which we thought was lost. Upon a division the following was the result:

Ayes 13
Noes 11

Majority for the Motion 2

The meeting then adjourned in order to refresh itself with coffee and biscuits.

EXAMINATION PAPERS.

UNIVERSITY OF LONDON.—M.B. PASS EXAMINATION, 1892.

Obstetric Medicine.

1. Describe the muscles which enter into the composition of the floor of the female pelvis, giving the function of each.

2. Give your treatment of a shoulder presentation in a case where the patient has been long in labour, the arm is protruding, and the shoulder pressed down into the pelvis.

3. Describe the causes, diagnosis and treatment of prolapse of the funis.

4. Write out instructions for feeding of a child during the first month of its life, (*a*) when fed at the mother's breast, (*b*) when fed artificially.

5. Describe the various methods of dilating the cervix artificially in the unimpregnated, and mention the principal conditions in which this proceeding may be required.

6. What is a retro-uterine hæmatocele? Give the more common alleged causes of this condition, and its diagnosis.

General Pathology, &c.

1. What are the conditions which would lead you to consider a micro-organism as the cause of a disease? Illustrate fully, by two examples of diseases in which such cause has been proved to exist.

2. Mention the chief substances which are used for the arrest or control of hæmorrhage; explain their mode of action, and state in what manner you would employ them.

3. Describe and explain the injurious effects of overcrowding in dwelling-houses, pointing out what diseases or morbid conditions are actually known to be produced or fostered thereby. What cubic capacity for each inmate is necessary in dwelling-rooms and hospital wards respectively?

4. Discuss the formation of aneurysms, with their predisposing and immediate causes, distinguishing the chief varieties.

5. Enumerate and classify the most important drugs used to induce sleep, and discuss the suitability of each in particular diseases or conditions, stating the doses required.

6. Give full directions for the artificial feeding of an infant, aged three months, whose mother is unable to suckle it. State the reasons for your recommendtaions.

Surgery.

1. What are the causes of acute cystitis? Give the symptoms, complications, consequences and treatment of the disease.

2. Describe the simple fractures that may be met with in the upper quarter of the humerus, giving their symptoms, diagnosis and treatment.

3. Describe a case of prolapse of the rectum (*a*) in a child; (*b*) in an adult. What are the causes of the affection in children and in adults, and how do you treat it?

MEDICINE.

1. What are the chief complications and sequelæ of scarlatina? What precautions would you take to diminish the probability of their occurrence?

2. Describe the clinical symptoms and discuss the diagnosis of cancer affecting the pyloric extremity of the stomach, and give an outline of the course of treatment generally required.

3. What are the phenomena of paralysis from lesion of the recurrent laryngeal nerve of one side? Under what conditions does it occur?

4. Discuss the pathology of pulmonary vesicular emphysema. By what physical signs would you recognize its presence?

5. Give an account of the clinical symptoms, diagnosis, and prognosis of primary spastic paraplegia, and state what is known of its morbid anatomy.

6. Describe the symptoms and anatomical changes of osteo-arthritis (rheumatoid arthritis). Discuss the ætiology of the disease, and state what treatment has been found most effectual.

FORENSIC MEDICINE.

1. How would you determine the age of a skeleton (*a*) by the teeth, (*b*) by the bones?

2. Describe the signs of death from drowning, and, from them, select those which are the greatest diagnostic value.

3. How would you distinguish cases of insensibility produced by (*a*) alcohol, (*b*) opium, (*c*) cerebral hæmorrhage, (*d*) concussion?

4. Name some of the forms of insanity selected for imitation by malingerers. Which are the most difficult to detect?

5. What appearances before and after death would lead you to the conclusion that abortion had recently been procured?

6. What are the symptoms and treatment of poisoning by common hemlock?

VIVA VOCE EXAMINATION FOR THE FELLOWSHIP

ANATOMY.

1. Mark out the facets on this patella; at what times are they each in contact with the condyles. Which is the facet of continual contact? What else does the patella lie upon besides the condyles during flexion of the knee joint? What is the ligamentum mucosum? Its relation to the crucial ligaments. How do blood-vessels enter the knee joint?

2. Mark out the attachment of the capsule of the hip-joint. What movements does the Y ligament restrain, and where is it attached?

3. Mark out on the lower end of this femur all the muscles attached to it.

4. Taken to a dissected abdomen—what is that? The cœliac axis—what are the branches of the hepatic artery? Does the left artery supply the right part of the liver? What parts of the liver does the small sac of the peritoneum cover? What are the branches of the superior mesenteric artery? How do those which supply the mesocolon differ from the others as regards relation to the peritoneum.

5. A dissected axilla—what is that nerve? The Median—what cords of the plexus does it come from—what nerves enter into its composition? Where would you look for lymphatic glands in the upper limb? What lymphatics open into each set? Where do the lymphatics from the nipple open.

6. Dissection of inner side ankle—recognize structures.

7. Dissection front of foot—where does the musculo-cutaneous nerve come from? The external saphenous—How does the small extensor tendon of the great toe differ from the others?

8. Dissection pterygoid region—what would be seen on raising the ext. pterygoid? What brs. does the buccal nerve give off? Does any other nerve give temporal brs.? Recognize the other structures you see.

9. Dissection suboccipital triangle—what is that nerve—the great occipital—where does it come from? Is the first cervical nerve ever cutaneous—in what way is it always cutaneous—through communication with the great occipital?

10. Dissection orbit—give the exact insertion of the levator palpebræ. What are the attachments of the orbicularis palpebrarum?

PHYSIOLOGY.

1. What are vaso-motor nerves? Give examples of vaso-constrictor nerves—what is their course from the brain to their distribution—what particular regions of the cord do they chiefly come from? Where do they loose their medulla? In what animal have they been especially studied?

2. How do you accommodate? What are the attachments of the ciliary muscle—is it a voluntary or an involuntary muscle? What nerve supplies it? Trace the nerve's course from the brain to the muscle—what are diffusion circles? Has the iris any effect on them?

3. Describe what you see under this microscope. An artery—the functions of its various coats, more especially the elastic coat.

4. What is that—hæmoglobin in solution—how would you test for it? What bands would you see with the spectroscope? What spectrum does venous blood give? What reduced hæmoglobin? How could you distinguish the spectra of oxy- and carbonic oxide hæmoglobin—the effect of reducing agent wanted? What is Stokes' fluid?

5. How would you test for uric acid? What per centage of urea does urine contain? 2·2 per cent.

6. What is glycogen? Tests for it. Tests for dextrine—do all forms of dextrine give colouration with iodine? How could you remove glycogen from an animal's liver? Starving, increased blood supply were not accepted. Wanted the effect of severe exercise.

7. What do you see under that microscope? Liver—describe the blood vessels you see injected. What changes does the blood undergo during its passage through the liver? To what class of animals does that bile belong.

H.E.C.

THE FIVES COURTS.

In April of last year, an appeal was made to the Governors and Medical Staff of the Hospital, the Teachers in the Medical School, and other friends, for a subscription to erect two Fives Courts in the grounds of the Hospital. In response to this appeal, a sum of £202 8s. was raised, which added to the sum of £52 16s. 3d. received from the Hospital for the materials of the Old Court, makes a total of £255 4s. 3d. The cost of the New Courts, which are now completed, has been £231 7s. 0d., leaving a balance of £23 17s. 3d.

In accordance with the suggestion made in the circular the Court of Committees has placed the management of the Fives Courts in the hands of the College Committee, who have let them to the Committee of the Students' Club at an annual rental of £3. Of this sum £1 has to be paid yearly to the Prudential Assurance Company for their licence to build against the warehouse which forms the front wall of the Courts, and the remaining £2 will be accumulated to form a fund for repairing the existing Courts when necessary, or for building new ones, should the College Committee and the Committee of the Students' Club agree to do so. The balance of £23 17s. 3d. above mentioned has been paid to the account of the College Committee for the purpose of this Sustenation Fund.

The Subscribers will be glad to learn that the New Courts are already much appreciated by Residents and Students, and I have only to add that the Treasurer desires me to express his warm thanks to those whose liberal contributions have enabled him to bring to a successful conclusion a project which cannot fail greatly to benefit both the Hospital and the Medical School.

E. C. PERRY.

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W. Hale White, Esq., M.D.	2	2	0
	£202	8	0

Dr. BALANCE SHEET.

	£	s.	d.
To Subscriptions Received	202	8	0
„ Allowance for Materials of old Fives Court, as per Architect's Estimate	52	16	3
	£255	4	3

Cr.

	£	s.	d.
By Contractor's Account	177	5	0
„ Concrete	20	0	0
„ Busk, for Ballast	15	11	6
„ Lambourne (Railing)	6	10	0
„ Legal Expenses	3	7	0
„ Architect's Commission	3	3	0
„ Printing, Stationery and Postage	2	8	6
„ Honorarium to Clerk of Works	2	2	0
„ Rent of Courts	1	0	0
„ Balance in hands of College Committee	23	17	3
	£255	4	3

December 12th, 1892.

Audited and found correct,
HENRY WILLIAMS,
Clerk to the Governors.

Sport.

RUGBY FOOTBALL.

GUY'S v. NORTHAMPTON ST. JAMES.

The above match, played at Northampton, was reported in a local paper as follows:—

There was an exceptionally large attendance of spectators, and the splendid combination of the visitors was much admired, the capital passing at times being enthusiastically applauded. The match was played on the ground at the east side, and there was frequently regrettable encroachment on the field of play.

Guy's started the ball from the lake end, and at the outset had to act on the defensive. Indeed, Northampton were somewhat unlucky not to score in the first ten minutes. Williams, securing the ball from a throw in, ran close up, and W. H. Kingston was almost in when he was pulled down. Guy's forward broke away, and Cherry was applauded for taking the ball from their feet, and returning splendidly into touch. Magnificent short passes right across the field, nearly the whole of the visitors participating, took the play into the St. James's lines. The Northampton forwards afforded relief and were looking dangerous, when Alexander afforded relief. C. A. Kingston pluckily stopped a rush of the visitors, and C. H. Davis put in one of his characteristic dribbles. Moring took a penalty kick some 40 yards from the visitors' goal, but the ball went a little outside the posts. Brilliant passing by Guy's halves and three-quarters took play up the field. The home back defended grandly, but at length Ensor got a pretty try, and Shorland from the easy place scored a goal. Clayson, who had been playing wonderfully well, retired with an injured rib just before this score took place and did not re-appear.

On re-starting, Orton was prominent in effective collaring, and was running well when he was slipped up, and lost a capital opportunity of scoring. St. James's forwards played up grandly despite being one short. M. Wilkins headed a dribble into the Guy's 25, and Williams securing possession, stalled off all opposition, and got over just within the touch flag on the far side. He failed to touch the ball dead, but Davis was at hand and promptly completed the try, amid much enthusiasm. The place was difficult, and Moring made but a poor attempt to convert.

In the second half the visitors had all the best of the play, and it would have been far wiser had Orton gone forward and strengthened the front rank. As it was, with eight forwards opposed to seven, Guy's carried the scrums, and the smart passing of their backs nonplussed the majority of the home defenders. Indeed, but for the wonderfully good play of Cherry the score would have been very heavy. Davis, Moring, Williams, M. Wilkins and W. H. Kingston were prominent at times, and Roger collared and dropped well, but the visitors' combination was immensely superior.

Five minutes after crossing over Spon ran through grandly, and then clever passing by Kevern, Spon and Hicks ended in the last-named scoring. Ensor scored another brilliant try, but in all these cases the place was unsuccessful. Better fortune attended Hicks' place from a try smartly gained by Spon. Jones played magnificently throughout, and was decidedly unlucky not to score, Cherry literally lifting him out once after he had actually crossed the St. James' lines. When the no-side whistle blew the following was the final score:—Guy's Hospital, 2 goals 3 tries (16 points); St. James, 1 try (2 points).

ST. JAMES'S TEAM.—E. G. Cherry (back); C. A. Kingston, W. Kingston, F. Roper and A. E. Orton, captain (three-quarter backs); W. T. Moring and C. H. Davies (half-backs); A. Williams, F. Wilkins, J. Wilkins, G. Savory, G. Clayson, H. Archer, W. Trussler and A. Smith (forwards).

GUY'S HOSPITAL.—K. B. Alexander (back); J. W. Ensor, H. W. Dudgeon, Hicks and H. J. Spon (three-quarter backs); M. P. Jones and G. T. Kevern (half-backs); E. T. Shorland (captain), E. D. Hancock, R. S. Rowlands, R. J. Rowlands, W. E. Collins, N. H. Pike, R. F. Clarke and H. Pern (forwards).

Touch judges, Messrs. J. H. Bettington (Guy's Hospital) and A. J. Davis (Northampton St. James); Referee, Mr. J. Roseblade.

GUY'S v. OLD MERCHANT TAYLORS.

About 500 people turned up on Saturday at Brockley to see the above match. The ground was on the frosty side, which may have been the cause of the disappointing passing amongst Guy's backs. The game was a fast and exciting one, Parham scoring the winning point about ten minutes before time with a sharp run. Where was Ensor? Bell was the pick of the three-quarters, and Stewart was superior to Jones, though not good at that. The forwards played a splendid game and give every hope of developing into a fine pack. The next game is played January 14th against Croydon at Brockley. Teams:—

O.M.T.'s—A. E. Payne (back); C. P. Waters, C. F. Arnold, E. H. Gunnery and L. P. Cornish (three-quarter backs); L. H. Gunnery and N. Parham (half-backs); A. N. Weir, J. S. Turner, A. C. Hughes, H. R. Swatsman, M. F. Waters, H. S. Covernton and H. R. C. Hailey (forwards).

Guy's Hospital—H. B. Alexander (back), H. S. Bell, W. A. Hancock and R. S. Ensor (three-quarter backs); N. P. Jones and S. M. Stewart (half-backs); E. T. Shoreland (capt.); E. D. Hancock, M. Pitlee, R. S. Rowlands, H. W. Dudgeon, V. E. Collins, R. G. Rowlands, R. C. Hart and R. F. Clark (forwards).

ASSOCIATION FOOTBALL.

GUY'S 2ND XI. v. ST. BART.'S 2ND XI.

Played on our ground on Dec. 10th. We put a good eleven in the field, having the assistance of Packer and Lawrence, the first eleven not having a match; but Bart.'s also had one or two of their first playing as well. Mumford won the toss, so Bart.'s pitched off and it was soon apparent that our opponents' forwards were very fast, as they were the first to attack, and all our backs were hard at work to keep them from scoring. Davies at last cleared, and Mumford and Picnot took the ball down to our opponents' end, where Mumford put in a good shot which their goal keeper saved well. Hinton was afterwards very prominent in stopping one or two rushes by the Bart.'s forwards, and once they got clean away and appeared to have our goal at their mercy, but Onraët saved us brilliantly. At this point our forwards were very slow and missed one or two chances which were given by mistake of the Bart.'s backs, Mumford doing most of the work, and he again put in a good shot which the Bart.'s custodian stopped. Half-time was called with no score on either side. On resuming, our forwards began to play much better, and the game became much faster, each end being visible in turn, the goal keepers being called upon to save their charges several times. From a free kick for hands close to Bart.'s goal Neville placed the ball well, and after several men on either side had headed it in both directions, Mumford headed it beautifully through the goal. After this reverse, Bart.'s played up harder than ever, and gave Packer and Davies a good deal of work, but these two were in very good form and difficult to pass. A neat pass by Hinton to Lawrence, and the latter dodged several of the Bart.'s men, and then passed to Mumford who transferred to Picnot; Picnot took the ball on to our opponents' goal-line and then centred beautifully, and after a short scrimmage, Lawrence put the ball through, and so notched our second point. The play became very energetic on both sides, several men being sent to grass, the Bart.'s men not seeming to relish Hinton's stopping powers, which were undoubtedly good. Lawrence missed a good opening, the ball just going outside. Towards the end, Bart.'s pressed and Onraët saved his goal in good style several times, but Bart.'s failed to score, and a just game ended in our favour by two goals to none.

Onraët kept goal very well: Packer and Davies were both very safe. All three half-backs played exceedingly well, Hinton being the best, because he works so hard and is very plucky. Mumford was much the best of the forwards who did not show much combination, but they had a good set of tacks against them. Our team was:—H. B. Onraët (goal); H. D. Packer, E. Davies (backs); H. Simson, H. Hinton, P. G. Neville (half-backs); E. Picnot, W. G. Mumford (right); G. Lawrence (centre); C H. Murray, R. L. Kirkly (left).

GUY'S AGAIN TO THE FORE.

On Monday, December 5th, the Gymnastic Society held their annual Boxing and Gymnastic Competitions in their Gymnasium at St. Pancras.

Guy's, as usual, was represented—in this department of sport our member being Mr. Allport. The boxing of the whole evening was very deficient in science, considering that this is a first-class club. The two best were undoubtedly Watson (Sidney B.C.) and Neate, of the bantam weights.

Knock-outs were very frequent, no less than five competitors being sent to the boards, two of whom re-continued, but, unfortunately for them, were served with a similar fate as their previous one.

Allport, as in the Orion Gymnastic Boxing Competition, had only one opponent in H. L. Smith (G.G.S.) This event had evidently been kept for the large company present as a "bonne bouche," and certainly in the hitting line proved to be so.

On their entrance into the ring, both competitors were greeted with loud cheers. As regards weight, Allport had a good advantage, but in height his opponent had a lead of four or five inches. Both looked very well indeed, though Smith was very pale and nervous throughout the whole contest.

On "time" being called, Allport wasted no time in setting to work, and, in fact, went so fast that a distinct rumour went round that "he couldn't stay at *that* pace." After getting home some tremendous heavy lefts, he became too eager, and making a rush, was nicely slipped by his opponent, and found himself against the ropes, but he was not destined to stop there long, and for the remainder of the round hammered his man all over the ring.

In the second round he got home time after time on the body, and this did not seem to suit his opponent, who lashed out with both hands, but this had no effect on Allport, who pegged away and soon had his man entirely at his mercy. Seeing this, the Guy's man entirely lost his head, and rushed madly at Smith, using both hands, endeavouring to bring off a knock-out, which he nearly did.

In the last round Allport came up at once, and looked very fresh considering his two preceding remarkably fast rounds. His opponent made a very sorry spectacle. Again Allport started at his tremendous pace. "The German" had evidently been told to bring off a knock-out, and for a moment or two kept our representative well at bay, but weakening very quickly, a repetition of the second round occurred, Allport trying all he knew to knock Smith out, but could not, having hopelessly lost his head. The round ended in the same way as the previous one.

Amid wild cheers, Allport was declared the winner.

The competition, though a very one-sided one, was in no way slow, but was remarkable for Smith's pluck. Allport throughout boxed very fast for such a big man. His hitting power was simply tremendous, fairly hurling his opponent about the ring; and in winning this competition, with his previous win at the Orion, we are all proud to know that in Alfred Allport we have a first-class boxer.

Guy's Hospital Gazette,

DECEMBER 31, 1892.

HEADS OF A CLINICAL LECTURE BY DR. PYE-SMITH.

DECEMBER 17TH, 1892.

CEREBRAL DISEASE.

DIAGNOSIS.—The following conditions have to be recognised:—

1. *Malingering.*
2. *Hysteria.*
3. *Toxic conditions.—e.g.* alcoholism, plumbism; or belladonna or from anæmia.

The above may be classed together as functional. Note that hysteria is by no means confined to young women. It may, moreover, co-exist with anatomical lesions, as was once instanced in a case under Dr. Wilks' care. In this case the patient, a young woman, had no definite symptoms except blindness, and this was not thought to be associated with the illness for which she had sought admission. She was extremely hysterical however, and every one about her, except Dr. Wilks, thought she ought to be sent out. But she died suddenly one day, and, post-mortem, a cerebral tumour was found.

4. *Traumatic conditions.*—The possibility of these should always be borne in mind, independently of the history.

5. *Meningitis.*—Traumatic, septic, tubercular, syphilitic.

6. *Tumour.*—Syphilis, tubercle, glioma, sarcoma, &c.

7. Cyst.—Think of cysts apart from other tumours, because of the better hope of surgical treatment.

8. *Vascular lesions.* — Hæmorrhage (from atheroma, syphilis, aneurysm). Embolism, and thrombosis (leading to softening).

9. *Abscess.*—To diagnose abscess, do not rely upon temperature, for pyrexia is sometimes absent. Remember that there is no such thing as an idiopathic abscess. All are either traumatic or secondary and pyæmic, from otitis, nasal disease, empyema, &c.

10. *Chronic hydrocephalus.*—Only found in children, and rare.

11. *Chronic meningitis with atrophy of cortex* may be produced by alcoholism or by general paralysis.

12. *Insular sclerosis.*—Occasionally confined to the cerebral hemispheres.

SYMPTOMS.—The symptoms of cerebral disease may be considered under the following heads:—

Headache.
Vomiting.
Optic neuritis.
Vertigo.

The above mostly follow from coarse lesions, of which tumor may be taken as a type.

Convulsions.—These are rare in cases of hæmorrhage.

Paralysis.—(1.) *Of Motion.*—Ocular. Pupils. Facial. Tongue, pharynx, larynx. Limbs. (2.) *Of Sensation.*—Hemianæsthesia; numbness.

Aphasia.

Mental disturbance.

Temperature, pulse and respiration.—Chiefly important for prognosis.

Secondary effects, e.g.—Rigidity of muscles; atrophy; reaction of degeneration; reflexes; trophic changes.

Pelvic symptoms.—Bladder, rectum, priapism, bedsore absent except there is secondary spinal disease.

Ocular paralysis and optic neuritis are generally absent in vascular cases, while "ordinary" hemiplegia is usually present; irregular anæsthesia, and especially patches of numbness are indications of syphilis, while

hemianæsthesia is common in functional cases. Paralysis of the tongue, pharynx and larynx indicates a lesion in the bulbar region, and asphasia points to the back part of the third left frontal gyrus.

The temperature is but seldom affected, though cases of disordered thermotaxis occur which may throw light on the thermotaxic mechanism. Pyrexia following hemiplegia is a bad sign.

The pulse is sometimes slowed.

With respect to respiration, it may be mentioned that the Cheyne-Stokes' condition may occur without being necessarily a fatal sign and without loss of consciousness. Case of an old gentleman who would sit in his chair, comfortable, and perfectly conscious, and yet, if watched, he showed all the phenomena of Cheyne-Stokes respiration.

Most of the secondary symptoms are rare in cerebral disease, but occasional incontinence of urine is sometimes a very early symptom. Case of cerebillar tumour in a child in "John" Ward.

Since treatment is only available in surgical and syphilitic cases, it is important that the latter should be accurately diagnosed. Do not depend on history, but search the body for the various characteristic signs. Of cerebral syphilis the following are suggestive :—

Paralysis of irregular distribution.

Patches of anæsthesia.

Ptosis.

In treatment, do not rely on KI after the severe symptoms are relieved; thorough mercurial treatment is alone to be trusted.

The following cases were quoted in illustration :—

Case I. (John ward).—Patient æt. 27. Family history good, though mother died of epilepsy. Patient denied history of syphilis at first, but it was afterwards found that he had suffered from it. Twelve months ago *squint and ptosis* were first noticeable. Severe symptoms commenced ten days before admission with a very severe *headache*. This continued on admission, and patient, though without delusions, is peculiar in manner, being shy and inclined to hide himself from observation, like a timid animal. There is *no optic neuritis*. Diagnosis: basal meningitis with gummata.

Case II. (John ward) was shown after lecture. Patient, a soldier, contracted syphilis in 1888. About three years ago had a fit, with a definite aura. Fits then continued for a year, and were followed by a period of severe headache. Twelve months ago patient began to lose his eyesight. On admission there is marked optic neuritis with partial loss of vision; a spastic condition of the limbs, with exaggerated knee-jerks and ankle clonus. Patch of numbness on left cheek. Diagnosis: gumma of cortex with pachymeningitis; secondary descending lateral sclerosis. Patient is improving under mercury.

Case III (private). A girl æt. 24–5. Patient had history of headache from a child, but was otherwise well till last spring. She then developed a fretful, irritable condition, with feeling of lassitude, having been cheerful, healthy and active. Hysteria was diagnosed, and patient treated accordingly. Next she was taken to the seaside and given iron for anæmia. Later vomiting came on, not associated with the taking of food, or relieving symptoms by its occurrence. When seen by Dr. Pye-Smith, the headache had become very severe, and optic neuritis was well marked, while the muscles were flabby. No improvement under treatment. Diagnosis, probably glioma, and perhaps more likely in the cortex of the frontal or the occipital lobes.

THE NEW UNIVERSITY FOR LONDON.

FROM ONE POINT OF VIEW.

The rumour that the Royal Commission on University Education for London will publish its report before many weeks have elapsed is a piece of glad tidings to the many who have been waiting for the solution of this most important problem, and who are wearied of the way in which history has repeated itself as each scheme has encountered criticism and defeat at the hands of vested interests, blocking the way to reform. For the present Commission, under the presidency of Earl Cowper, is composed of able and business-like men, who have taken exhaustive evidence on the subject, who have been taught by the experience of a previous Commission, and who have shared the annoyance, felt by so many, at the overthrow of good schemes when these have come into collision with selfish interests.

The agitation for adequate facilities for the obtaining by London students of degrees in medicine, first reached a head in 1884, when the Metropolitan branch of the British Medical Association passed a resolution asserting the necessity for increased facilities, and a deputation waited on the Senate of London University urging these views.

In the same year, the Association for the Formation of a Teaching University in and for London was founded. Lord Justice Fry's scheme, embodying the views of that association, was put before the House of Convocation of the graduates of London University, was amended by it, and adopted as the scheme of the Convocation.

This scheme was referred to the Senate of the University, and that body drew up a scheme of its own.

The next step was the application by King's and University Colleges for a charter for the foundation of a new "Albert" University, of which these colleges, the medical and some other schools were to form constituent institutions.

In 1887 the Royal Colleges of Physicians and Surgeons proposed the creation of a one-faculty university under the title of the "Senate of Physicians and Surgeons."

These schemes were all referred by the Privy Council to a Commission appointed in 1888, under the presidency of Lord Selborne. The chief points in the report of the Commission were (i.) that the general case for a Teaching University had been made out; (ii.) that it was desirable to extend and improve the present University rather than create a new one; and (iii.) that the demand for medical degrees was justifiable.

The Senate of London University prepared a scheme on the lines laid down by Lord Selborne's Commission, but this was decisively rejected by the House of Convocation.

Then University and King's Colleges, in combination with all the medical schools, put forward a modification of the "Albert" scheme, but this was strongly opposed by Convocation and by the provincial schools.

The Gresham Committee next offered a local habitation, and an assured income of £2,000, to a university framed on the lines of the "Albert" scheme, but to be named the "Gresham" University.

Finally, in despair of otherwise satisfying or over-ruling the opposing interests, the whole subject was, at the beginning of this year, referred by the House of Commons to the Royal Commission at present sitting.

No criticism on the present London University could be so damaging as the fact of an agitation for its reform having been persistently carried on for nearly ten years: its persistence alone marks that agitation as genuinely necessary.

That it is for the benefit of the community at large that its medical attendants should be as skilled and experienced as possible, is a proposition which will be disputed by no one; that, as a school for medical men, both in respect of clinical teachers and clinical material, London is the best in the Kingdom, will be doubted by no impartial observer; hence, when it is found that London medical students labour under a disadvantage, of such gravity as to lead hundreds of men to study at Edinburgh, Newcastle, Manchester and Dublin in preference to London, it is for the good of the community at large that such disadvantage or disadvantages should be quickly and effectually removed.

Now what have been the obstacles in the way of granting an M.D. degree to London students on reasonable terms: scheme has followed scheme, and it is improbable that none fitting should have been proposed; each has been the outcome of careful and combined effort on the part of able thoughtful men. A consideration of the history of the movement makes it evident that the main obstacles to this, as to most important reforms, have been the actions of powerful vested interests.

The Graduates of the University of London have consistently blocked any scheme, which has involved the probability of students obtaining the degrees of which *they* are the proud possessors, by an examination or regulation less stringent than those which cause these degrees to be so valued by their present holders. In 1890, the House of Convocation rejected the Senate's scheme by a vote of 461 to 167, and on this, and similar occasions, there can be little hesitation in saying that the graduates were actuated mainly by selfish considerations. The fact that Mr. Howse was in favour of the Senate's scheme is the only one imperilling the success of his present candidature for a place on the Senate of the University.

An important matter in the carrying out of any good scheme involving a modification of the present or the construction of a new University, would be the loss to the Colleges of Physicians and Surgeons of a great portion of that important item in their revenue derived from students' fees; most repugnant to these Colleges, is the idea of being relegated to a position such as that of the Colleges of Physicians and Surgeons in other British capitals, where an M.D. degree is obtainable without undue difficulties. The English Colleges have presented a powerful and selfish resistance to some of the good schemes proposed, from a dislike to the loss of income which the carrying out of some of them would have entailed.

A third vested interest, which has only lately made itself prominent, is the influence of the Provincial Schools, which fear the loss to themselves of students and income, if a too attractive scheme is arranged in London.

Each of the bodies concerned seem to have been actuated by a fear of detriment to its own interests by increase in the importance of any other; so the physicians and surgeons have warred against University and King's, and the Medical Schools against London University, until a delay of several years in getting justice for the students has resulted from the conflict of the vested interests.

Hence the prospect of a settlement at last is indeed light in the darkness. Taught by the history of the past decade, it is to be anticipated that the present Royal Commission will pay slight attention to the monetary interests of the various bodies affected, but will sketch out an ideal and carry this out as nearly as practicable. It is a most satisfactory thought that the Commission *can*, if necessary, almost compel the acceptance of its scheme, and, as they have not yielded gracefully, force the University and Colleges to submit grudgingly. If all are offended

there need be no fear of failure, for as soon as an M.D. is placed within their reach on reasonable terms, the London Medical Students will go up "in their hundreds" and ensure success.

A GUY'S LONDON GRADUATE.

SOME REMARKS ON MIDDLE MENINGEAL HÆMORRHAGE WITHOUT FRACTURE OF THE SKULL.

As an old Guy's man, I avail myself of the privilege to be allowed to make a few remarks, in GUY'S HOSPITAL GAZETTE, on the interesting case of "Middle Meningeal Hæmorrhage without fracture of the skull" recorded by Mr. Rake in the GAZETTE of the 17th instant. The history of the case is imperfect as regards the time which elapsed between ihe injury and death. I will relate a case of fatal hæmorrhage from rupture of the middle meningeal artery:—

A woman, coming down the stairs of a theatre, fell, and her head struck the stone pavement at the foot of the stairs. She was, temporarily, stunned, but was soon able to walk to a cab. She went to bed, not feeling much the worse for the accident; when her husband got up in the morning, he was not able to wake her. I saw her ten hours after the accident; she was then insensible and paralyzed on one side. On the parietal region of the opposite side there was a slight swelling of the scalp—no wound. She gradually became comatose, and died. On post mortem examination, no external fracture of the skull could be seen; a large clot of blood was found between the skull and dura mater, at a point corresponding to the external injury. There was no laceration of the dura mater, and the cerebral substance was intact. No fracture could be seen, either of the external or internal table of the bone; but, on holding the calvarium up in search of a fracture, a most minute crack in the parietal bone was discovered by the light shining through it. The crack extended across the meningeal groove. Had this fine crack not been discovered (accidentally) by the *light test*, I might have concluded that the case was one of meningeal hæmorrage *without fracture*. It would be interesting to know whether this *light test* was used in the case reported by Mr. Rake or in those cases recorded by Mr. Jacobson.

I believe it is a very uncommon occurrence for a healthy artery to be ruptured by external violence without fracture of bone in its immediate vicinity. In reference to the laceration of arteries by the sharp edge of a fractured bone, I may mention a case I saw many years ago—laceration of the abdominal aorta, caused by the sharp edge of a fractured lumbar vertebra. This patient died, within a quarter-of-an-hour after the injury, from internal hæmorrhage. I made a preparation of this lacerated aorta, and sent it to Guy's Museum—probably it is there now. The accident was caused by a brewers' dray passing over the lumbar region. In many cases of meningeal hæmorrhage caused by a fine fracture running across the meningeal groove of the parietal bone, the patient temporarily recovers from the immediate effects of the stunning blow, and then, after an interval of many hours, gradually becomes comatose in consequence of the slow hæmorrhage.

It is not my intention to enter into the surgical treatment of these cases, but they seem to be very capable of relief by trephining: the clot could be easily scooped out, attention being given to secure the artery, embedded in its bony canal, so as to prevent further bleeding.

It is, however, difficult to understand the value of artificial respiration for relief of the cyanosis; this is a common sign, which frequently occurs in coma shortly before death. It is the result of the ceasing functions of the cardiac and pulmonary branches of the pneumogastric nerve, brought about by the pressure of the blood clot.

GEORGE ROPER, M.D.

[Now that this important subject has been brought to the notice of our readers by Mr. Rakes' paper and by Dr. Roper's interesting comments, we trust that such of our readers as have had any experience in the matter will publish the same in our columns.—ED.]

A NOTE ON PURPURA.

I have recently seen two cases of Purpura, both of which presented points which may be of interest in this obscure disease. Both patients were young men just under twenty. In one case it was a first attack occurring in a previously healthy boy, and was so severe as nearly to prove fatal; profuse hæmorrhage occurred from nose, stomach, bowels, and kidneys, the body was thickly covered with purpuric rash, and the face was terribly disfigured by large black blebs; there were numerous retinal hæmorrhages. In the other patient, the first attack of purpura followed immediately on a third attack of influenza; it has recurred several times since then, but has never been so severe as in the other case; with each recurrence there has been hæmaturia. In both cases, when the patient was able to get about and was apparently quite convalescent, swelling of the feet and ankles was complained of, and the urine was found to contain a little blood and numerous blood casts. In both cases the urine cleared up with rest. It seems to me of importance to know whether this blood represented the last trace of a profuse hæmorrhage from the tubules or whether it indicated some nephritis caused by a backward pressure of blood in the calyces, &c. In either case chronic Bright would seem to be a possible sequelæ of purpura. I do not know whether such a case has been noticed.

S. W. MACILWAINE.

Appointments.

HOUSE APPOINTMENTS.

Commencing January 1st, 1893.

House Physicians.—Messrs. W. H. Fisher, M.B., B.C. Cantab. (Dr. Taylor); J. D. Thomas, M.B., B.C. Cantab. (Dr. Goodhart.)

House Surgeons.—Messrs. A. W. Sheen, M.B., B.S. Lond., F.R.C.S. Eng. (Mr. Durham); G. T. S. Sichel, M.R.C.S., L.R.C.P. (Mr. Lucas).

Assistant House Physicians.—Messrs. F. J. Coleman, M.B., B.S. Lond.; E. H. Cartwright, M.B., B.Ch. Oxon.

Assistant House Surgeons.—Messrs. E. T. E. Hamilton, M.B., B.S. Lond., F.R.C.S. Eng.; E. Huntley, M.R.C.S., L.R.C.P.

The following appointments have been recommended by the Medical Council and approved by the Treasurer:—

Obstetric Residents.—Messrs. A. T. Rake (January); C. C. Elliott (February); W. Bligh (March).

Clinical Assistants.—Messrs. F. P. S. Cresswell, F. G. Hopkins, W. J. Harris, J. H. Godson, W. H. Jewell, A. H. Leete.

Dressers in the Eye Wards.—Messrs. R. H. Luce, F. N. Day (Mr. Higgens) (March); A. T. Rake, A. J. Sharp (Mr. Brailey) (March).

Surgeons' Dressers.—Messrs. J. H. Bettington, H. W. Graham, J. C. V. Wilkins, L. Slater, W. J. Burroughs, R. H. Fagge (Mr. Durham); W. R. Grove, R. H. Moon, J. B. Winter, L. C. Burrell, W. C. Lawton, R. Ingram (Mr. Howse); E. H. Drake, A. J. Collis, T. Burrow, H. Davies, J. W. Culmer, C. R. Lucas (Mr. Davies-Colley); A. Chaning Pearce, G. E. Manning, J. A. Howard, A. C. Hovenden, G. S. Hovenden, H M. Stewart (Mr. Lucas).

Assistant Surgeons' Dressers.—Messrs. W. L. Stuart, E. C. B. Ibotson, H. J. F. Bourne, C. E. Covernton, C. S. Bond, B. W. M. Aston Key (Mr. Golding-Bird); H. W. Collier, J. J. Coleman, F. J. Steward, A. Salter, M. P. Jones, J. R. Steinhaeuser (Mr. Jacobson); J. H. Horton, F. Loud, C. M. Beadnell, W. E. Pain, C. J. Kearney, W. A. Carden (Mr. Symonds); W. G. Mumford, W. W. Henson, T. M. Nicholson, A. Armer, W. F. Byford, E. E. Henderson (Mr. Lane).

Medical Ward Clerks.—Messrs. L. A. Parry, C. R. Colley, E. F. H. Hardenberg, E. C. Taylor, C. E. Carpmael, H. Hewetson, A. K. Matthews, L. Every-Clayton, C. L. Hopkins, A. Miller, E. A. Peters, C. A. Ensor, W. A. L. Smith, E. S. Roberts, C. H. Bryant, J. C. T. Peatson, H. A. Duffett, R. Serjeant, J. C. Constable, H. Nolan, H. M. Wise, A. C. Fry, L. Bensted, F. H. L. Cloud, H. D. Packer, F. S. Brereton, T. H. Green, B. G. Reynolds, W. E. Robinson, T. S. Biggs, J. H. Busteed, W. F. Miller.

Assistant Physicians' Clerks.—Messrs. F. Zumbado, W. D. Macdonald, S. G. Graham, A. T. Rainbird (Dr. Pitt); H. T. Hinton, J. W. Sweetlove, F. A. Evison, W. H. Peake (Dr. Shaw); S. S. Wallis, T. P. King, W. C. Pitt, D. M. Beddoe (Dr. Washbourn).

Aural Surgeons' Dressers.—Mr. W. S. Handley (January-February); Mr. A. G. Cooley (March-April).

Dental Surgeons' Dressers.—Mr. H. D. Eccles (January-February); Mr. G. T. Birdwood (February-March); R. C. Kirkby (March and April).

Dressers in the Throat Department.—Messrs. H. Cooper, J. H. Muncaster, T. D. Lister, W. J. Johnson.

Post-Mortem Clerks.—Messrs. R. D. Evans, R. H. Luce (January-February); Messrs. G. Jimenez, V. Pendred (February-March); Mr. A. E. Philipps (March-April).

Obstetric Ward Clerks.—Messrs. F. W. Wilson, F. Hazell, W. C. C. Park.

Obstetric Out-Patients' Clerks.—Messrs. E. S. Tuck, R. E. G. Phillips, F. P. Bush (first half); Messrs. J. H. Compton, P. E. Bearblock, T. D. Manning (second half).

Surgical Ward Clerks.—Messrs. G. L. Eastes, R. Henderson, B. A. Richmond, H. B. Stoner, E. H. Van Someren, R. H. Hayes, J. T. Brickwell, C. C. Jenkins, S. Rivers, P. R. Lowe, A. A. H. Partridge, A. R. Hitchfield, C. H. Hunter, C. A. Trouncer, T. H. B. Yorath, R. L. Roberts, J. W. Bird, H. J. Milbank-Smith, J. W. Ensor, L. H. Y. Stephen, G. Gocher, A. P. Beddard, E. T. Shorland, H. R. F. Fort.

Assistant Surgeons' Clerks. — Messrs. W. Alder, (Mr. Golding-Bird); W. S. Handley, H. J. Spon (Mr. Jacobson); W. J. Rowland (Mr. Symonds).

Clerks in the Electrical Department.— Messrs. L. C. Burrell (January-February); A. V. Chapman (March-April); T. I. Mills (February-March).

Clerks to the Anæsthetists.—Messrs. W. S. Frith, J. H. Godson, W. J. Harris, W. C. C. Park, F. N. Day, W. J. Johnson, J. H. Joyce. R. H. Luce, A. J. Sharp, H. M. Stewart, R. H. Fagge, H. Cooper.

Clerks in the Skin Department—Messrs. A. Allport, W. Poole.

Externs — Messrs. A. Chaning Pearce, H. Davies, J. H. Bettington, H. G. T. Mayor, J. A. Howard, G. E. Manning.

DENTAL APPOINTMENTS.

The following Dental appointments, commencing January 1st, 1893, have been made by the Dental Committee.

Dental House Surgeons.—Messrs. F. J Blewitt and P. Harrison.

Assistant Dental House Surgeons.—Messrs. G. S. F. Manton and F. E. Pritchard.

Demonstrators in Dental Conservation Room.—Messrs. A. V. Brimmer, C. H. Oram, J. B. Parfitt, and G. Williams.

Curators in Dental Laboratory.—Messrs. F. E. L. Lambert and W. R. Wood.

Dressers in the Gas Room.—Messrs. E. Clayton, C. Keay, G. Whitworth (January); S. H. M. Carpenter, A. H. H. Huckle, F. E. L. Lambert, E. Picnôt (February); F. C. Bromley (March).

Dressers in the Extraction Room.—Messrs. F. Plomley, T. S. Davison, A. E. B. Crosby (January); O. Armer (February); S. Harrison, J. Pilcher, and W. H. Pilcher (March).

PASS LIST.

UNIVERSITY OF LONDON.—M.B. EXAMINATION.

OCTOBER, 1892.

EXAMINATION FOR HONOURS.

MEDICINE.

FIRST CLASS.

Daldy, A. M. (Gold Medal)
Elliott, C. C.
Hamilton, E. T. E.

SECOND CLASS.

Bligh, W.
Coleman, F. J.
Sharp, A. J.
Pantin, C. S.

OBSTETRIC MEDICINE.

FIRST CLASS.

Daldy, A. M.

SECOND CLASS.

Pantin, C. S.
Taylor, Tom R.

FORENSIC MEDICINE.

FIRST CLASS.

Sharp, A. J.

SECOND CLASS.

Hamilton, E. T. E.
Taylor, Tom R.

B.S. EXAMINATION.

FIRST DIVISION.

Bligh, W.
Lister, T. D.
Hamilton, E. T. E.
Pantin, C. S.
Jewell. J. W. F.
Taylor, Tom R.

SECOND DIVISION.

Coleman, F. J.
Floyd. S. G.
Daldy, A. M.
Sharp, A. J.
Elliott, C. C.
Sheen, A. W.

M.D. EXAMINATION,

Clarke, J. St. T.
Stevens, T. G.
Wohlmann, A. S.

M.S. EXAMINATION.

Davies, T. B. P. (Gold Medal).
Hall, F. W.
Rogers, W. G.†

†Obtained the Number of Marks qualifying for the Gold Medal.

UNIVERSITY OF CAMBRIDGE.

THIRD EXAMINATION FOR THE MEDICAL AND SURGICAL DEGREES, DECEMBER, 1892.

PART I.

Alston, W. E.
Poole, W.
Harris, W. J.
Sharp, H. C.
Luce, R. H.
Still, G. F.

PART II.

Barnes, J. S.
Grove, W. R.
Frith, W. S.
Ransome, E.

SECOND EXAMINATION FOR THE MEDICAL AND SURGICAL DEGREES.

HUMAN ANATOMY AND PHYSIOLOGY.

Beddard, A. P.
Jackson, T. L.
Lowe, P. R.

Correspondence.

To the Editor of GUY'S HOSPITAL GAZETTE.

DEAR SIR,—It may possibly interest some of your readers, who are unaware of the fact, that Guy's is the only Hospital represented among the mighty dead buried in St. Paul's Cathedral.

Guy's has two monuments erected to the memory of past members of its Staff. I refer to those of William Babington, M.D., F.R.S., who died April 29th, 1833, and of Sir Astley Paston Cooper, Bart., K.C.B., F.R.S., D.C.L., for a period of 42 years Surgeon to Guy's Hospital. Died 1842.

As a Guy's man, I feel very proud of this.—Yours faithfully,

P. PURNELL.

MORE LIGHT! MORE LIGHT!

DEAR SIR,—Might I venture through the medium of your influential publication to draw the attention of the authorities of the Hospital to the difficulty which patients who have been seen in the Surgery experience in finding the dispensary. In spite of the most lucid directions from dressers and others, they wander from door to door along the front of Hunt's house, making pitiful enquiries from everyone they meet. Nor are their troubles o'er when they have passed the portals of the medical building; on the contrary, they have still to learn that narrow is the gate and crooked is the way that leadeth whither they would go. At night matters are worse because there are fewer people about to give directions. They are then told to enter "a door on the left beneath the lamp." But in the dark and foggy winter evenings the dispensary light is not readily discerned, and not long ago I met a patient at 10.30 p.m. looking for it in the park!

I would suggest that a much brighter and coloured light should be placed over the dispensary door, the name of which should be illumined thereby. And in the hall

of Hunt's house a moveable notice board of adequate dimensions might be placed during the day-time to guide all drug-seeking strangers to the out-patient department. As long as the board was not a fixture the æsthetic sense would not be tortured. I desire humbly to commend this subject to the favourable notice of our new Medical Superintendent.—I am, &c.,

VIATOR.

SIR,—I trust you will continue to expose the shortcomings of the genus *dresser*. I have suffered the greatest indignities at the hands of certain of the class, and should much like to see them exposed *en masse*. In the wards, for instance, my blood has been made to boil many a time. I do not in the least mind carrying screens, sir, even for a man who is only three months my senior (and that because he didn't stop to have a shot at the Fellowship, which I did, and may do again), but I *do* like to be asked politely. It isn't what these creatures say, but the nasty way they say it. *Per contra*, if one wants to ask a few questions about the dressings, in order to add embellishment to one's report, the tone taken by these creatures is often that of insulting patronage (I here speak especially of the Assistant Surgeons' Dressers). Again, if one attends in the surgery and endeavours to lighten their work by taking some of the (more interesting) cases off their hands, the absence of gratitude is conspicuous; and, lastly, if one, in absence of mind or otherwise, should visit the rooms, and the tobacco jar, the lack of welcome (except perhaps in take-in week) is abominable! Therefore, Sir. I am well prepared to endorse all you said in your last about the neglect of the surgery, and trust you will continue to give these Dressers a jolly good dressing.—Yours, etc.,

A SMARTING WARD CLERK.

Dec. 27th, 1892.

A MORBID EFFUSION.

Ah yes! It was a dirty job and it had to be done in a dark, dirty place.

You see we nearly all of us felt that it was work we ought to do, and most of us had one or two tries at it; but we soon slackened, and very few kept on at it properly; it was such dirty work, dirty and dusty, and in some places, on the sunniest days of summer, you couldn't see; I used to light matches when at work in the darkest corners, and I've used a good many boxes; after half-past three on winter afternoons you couldn't see in any part to do any good at all, and they had only a poor artificial light in one part; they wouldn't let us have any candles or lamps. There was a bit of a fuss one time about some of us smoking down there, and I remember one of the Staff coming in talking of it, and, seeing some of my matches on the floor, he said, "Well, there's proof positive."

There was a man, part of whose work was to dust a bit and keep the place clean, but he hadn't time for more than three or four hours a week there, and so the dirt accumulated.

The finest place of the kind in London, except one, and here it was all dirty and ill-arranged and crowded. Two of the Staff gave as much time as they could to putting it to rights; where those two had been at work it was clean and well-arranged, only the things were all crammed together so; but what was the good of setting two to do the work of ten.

A comfort was that they kept the place pretty quiet, except in one part where some of the boys used to kick up a shindy at times, and where some came occasionally to rant politics, but, on the whole, we didn't complain of that.

So three or four days a week I and some others spent an hour or two there, and we did benefit, dirty and dusty and ill-lighted as it was; we used to come away with our faces and collars dirty, our mouths full of dust, our hands grimed, with our necks and backs aching and cramped from stretching up and stooping down to reach the things. One has been told that the pursuit of knowledge under difficulties strengthens character as well as intellect; and so I suppose it was good for us to meet with all the difficulties we encountered in our study of the specimens in the Pathological Museum of Guy's Hospital.

WORKING MAN.

GUY'S LONDON UNIVERSITY CLUB.

The Annual Dinner of this Club, which took place at the Café Royal on December 17th, was an especially enjoyable occasion. Dr. Pye-Smith presided, and he was supported by Dr. Pavy and Dr. Braxton Hicks. None who were present will easily forget the genial and eloquent remarks of the Chairman; and the speeches generally were most interesting. Such occasions as this do much to stimulate the feeling of honour and pleasure in being associated with a great corporate institution like the London University. We trust that undergraduates do not forget that the Club is open to them.

APPOINTMENTS.

CREASY, ROLF, L.R.C.P. Lond., M.R.C.S. Eng., has been appointed Medical Officer for the Windlesham District of the Chertsey Union.

LEIGH, W. W., M.R.C.S. Eng., L.R.C.P. Edin., has been appointed Certifying Surgeon under the Factories Act for Treharris and district.

MASON, GEORGE, M.R.C.S., has been re-appointed Medical Officer for the Ninth Sanitary District of the Wisbech Union.

MUSPRATT, CHARLES DRUMMOND, M.D., B.S. Lond., F.R.C.S. Eng., has been appointed Medical Officer for Out-patients to the Royal Victoria Hospital, Bournemouth.

Passim.

This year's Christmas festivities at Guy's have never been excelled in swing or vigour. The eye, the palate, and the tympanum have all been feasted sumptuously, and the greatest credit is due to those who provided the fare.

The medical student is a much maligned being, (even from our own columns a few verbal brickbats have been lately thrown at the head of the devoted dresser). But an excellent antidote to such criticism would be found in a little observation of his habits when called upon to aid on such occasions as we chronicle to-day. We do not wish any harm to our contemporaries, but if certain editors of the daily Press could only have been Warded this Christmas they would have been convinced that the comfort and pleasure of the patients was not always absent from the minds of Staff and Students. We might then have been spared the publication of much silly correspondence and ignorant articles.

But in addition to intra-mural efforts there was much help from without which contributed to the success of the Christmas doings. We have elsewhere made acknowledgments to the firms who lent us pianos for the wards, and we have here to thank the editors of *Truth* and *Little Folks* for their gifts of toys and Christmas cards. The editor of *Truth* may not know much about the habits of bacilli, but he does know the ways of children, and thousands of them have reason to thank him each Christmas. As to the editor of *Little Folks*, he is appreciated by the youngsters everywhere, but we are grateful to him for thinking of our little patients in particular.

We are inclined to add a few more words to what we said in our last issue in comment on the letter received from the Old Guy's Man, who signed himself "Laudator Temporis Acti." It has always been our ideal to endeavour to function as a bond between past and present Guy's men, and we intend to make special efforts in the coming year to obtain contributions from pens of the former. If they do not help us, it shall not be for want of asking. We are happy to be able to publish this week a very interesting paper on Middle Meningeal Hæmorrhage by Dr. George Roper, of Aylsham.

In sending it he writes—"I think I may call myself an *old* Guy's man, for I was Dresser to Mr. Bransby Cooper in 1847. There was at the same time a fellow student there, Mr. Rake, whom I presume to be a near relation of Mr. A. T. Rake, now at Guy's, whose case in the Gazette of the 17th inst. has called forth my remarks, which I send you." The Mr. Rake mentioned as a student in 1847, was undoubtedly Mr. A. T. Rake's father. It will occur to many that few names have been so well represented at Guy's as those of Roper and Rake.

One old Guy's man has recently shown by a munificent act of liberality his interest in the old Hospital. Knowing the financial circumstances of the institution to be anything but what they were in his own time, he has placed a sum of £1,000 in the hands of the Treasurer for the endowment of a bed in "Mary" Ward, in memory of his late wife.

Unfortunately we cannot hope that many of our old students are in a position to exercise such generosity as this, though we do not doubt that plenty would be willing enough. We wonder if it would be possible (may be it is an Utopian dream) to convene a congress of Guy's men to consider possible ways and means of proceeding with the re-opening of our closed wards without a direct appeal to the general public. Heaven knows we want these wards badly enough just now, and though the undertaking would be a large one, the personal influence of Guy's men, all over the world, is a still larger quantity, and might direct a mighty stream of charitable funds in the right direction.

We welcome the appearance of the *St. George's Hospital Gazette* (No. 1, Vol. 1), and wish for the new venture a success equal to our own. Any pride which may seem to lurk in this somewhat egotistical sentiment is but the pardonable feeling of the successful pioneer. Our young contemporary appears under the very commendable motto "Scribimus indocti doctique." It asks at the outset, as we have been doing to-day, for the assured support of past students, and aims "to knit together the successive strata of student life into a coherent and continuous whole, which, like a coral island, while growing by the ceaseless labours of the dwellers at its summit, shall yet keep firm hold of the foundation which has been laid for it by the work of former generations." We humbly adopt this eloquent simile as expressing our own desires!

In one respect the St. George's management has done well to imitate us. They have chosen Messrs. Ash & Co. as their printers and publishers. Our own debt to this firm is great, and we beg once more to thank them and their courteous manager, Mr. Seabridge, for their help during the year just closed.

In speaking of the large representation of the Guy's Staff on the Conjoint Examinations Board, we did not mention the name of Mr. C. E. Groves, F.R.S., who is one of the examiners in Physics and Chemistry. This makes the total number no less than nine!

A case is reported in the *British Medical Journal* for December 17th, of three people being bitten by a rabid dog on August 1st, 1887. All three went to Paris on August 5th, and were treated by Pasteur; they returned to England on August 19th. On the following October 5th, one died of hydrophobia; a second died on the 6th September ult., five years after the infliction of the bite; the third remains in good health, but in a condition of mind better imagined than described.

We notice in the same number of the *British Medical Journal* a good resumé of the recent Paper by Professors Roy and Adami on the functions of the cardiac nerves.

In an after dinner speech the other day Dr. Savage paid us the compliment of saying that he never failed to read the Guy's Gazette, and always did so with pleasure. He confessed, however, that he generally read the tail end first, for he delighted in knowing what the men were doing in the cricket and football fields. We are sure that remarks of this sort from the Staff (and we have heard them before) will

stimulate our sporting contributors to make their reports interesting and accurate.

We understand that an Inter-Hospital Boxing Club has been inaugurated. Five of the most prominent London Hospitals have already joined, and we are glad to say that Mr. H. J. Spon, of ours, has been made Secretary.

The Cycling and Athletic Clubs of London have determined to hold a big meeting next year in aid of the Hospital Saturday Fund. At a preliminary meeting held at the Mansion House under the presidency of the Lord Mayor, Messrs. H. A. Monro and F. G. Hopkins were nominated for the Provisional Executive Council.

In the "Lecture Arrangements" of the Royal College of Surgeons, we see that Dr. H. J. Campbell is down to lecture on the Nematoda on Monday, February 20th, and the following Wednesday and Friday; while on June 5th, 7th and 9th, J. H. Targett, Esq., F.R.C.S., will deal with the Pathology of Tumours connected with the Bladder.

CHRISTMAS FESTIVITIES, &c.

Of course, most everyone is aware of the difficulty which arises this year. Know, then, those that know not, that it is open to question whether there is a Christmas Day at all this year, since so many do aver that the real Christmas Day has slid into Boxing Day, and if Christmas Day is only Boxing Day, it cannot be Christmas Day. But we will get to business, and merely express the wish that all our readers spent a merry day, whichever and whatsoever it was.

THE WARDS.

First and foremost, we would express our most hearty thanks to the following firms of pianoforte manufacturers for their kind and generous loan of instruments wherewith the spirits of our patients have been daily cheered during the week. We might further mention that there are pianos and pianos, and that we have to again express our thanks to the firms for the quality of the pianos they have lent. There is not a single one which is not first-class both in tone and touch:—

Messrs. Bechstein, Blüthner, Bord, Brinsmead, Broadwood, Cramer, D'Almaine, Erard, Pleyel & Wolff, Rogers, Steinway and Venables. Messrs. Rudolph, Ibach & Co. much regretted that their factory was a ten days' journey in the wilderness, and that they were, therefore, unable to get an instrument over in time. Messrs. Steinway kindly lent two pianos.

We feel sure that the smiles upon the faces of the patients, while they were enjoying the strains of harmony from these pianos, would make all these generous gentlemen feel that their free acts of charity have been fully appreciated.

We next come, naturally, to the decorations in the wards. As usual, the seasonableness of the season was duly heralded by a swarm of dresserial and secretarial spiders spinning their wiry webs about the ceilings of the various wards. We feel that we should do but scant justice to the display of artistic talent shown were we not to make a few remarks upon the conditions of the various wards. As it would be invidious to make comparisons, we shall endeavour to avoid such complications, notwithstanding which we cannot but commence with a few remarks upon

Clinical, in which the delicate tracery of ivy sprays looped about the classical and massy columns could not fail to arouse vast volumes of admiration. We noticed an anomaly in the graceful draperies about the mantelpiece in that the pots were in the flowers instead of the usual arrangement of flowers in pots. It was obvious even to an infant's eye that the effect produced was at once artistic and most pleasing. Thence we mount the stairs and come to

Philip, where the lavish display of holly and other appropriate greens in the recesses over the mantel-pieces was most masterly and effective, the central festoon loop of holly and evergreens in Dr. Goodhart's division being especially noticeable. Passing across the way,

Mary was reached. Here a surprise was in store for us. Patriotism for the good old colours was at once manifest in the abundant hangings of blue and orange at every archway and in every window-sill. The hall naturally attracted attention with the novel feature of real Swiss ornamental lamps, and with the wealth of well-berried holly beautifully arranged about the gasalier. With a leap and a hop we found ourselves in

Stephen, admiring the holly-berry rings concealing the bed-cards, and the gasaliers groaning with graceful greens, the effect being much enhanced by the red

curtains at the entrance. Descending the stairs, we found ourselves in the

Eye Wards, admiring the effective decorations of evergreens and Chinese lamps. We next passed to the Surgical Building, and of course

Accident first aroused our interest. We found every window-sill tastefully covered with delicate green muslin and ornamented with graceful sprays of ivy. The appearance of the ward was greatly enhanced by the wreaths placed about the curtain-rods of every bed. The gasaliers were noticeable with their Philistine flowers. A banner with the strange device, "H.C.L.," attracted our attention and aroused our wonder. There are evidently three missing words. Can they be Hydragyrum, Crepitus, and Luxationes? or are they merely the cabalistic advertisement of a firm of soap-makers, after the fashion of "Won't Wash Monkeys?"

Cornelius was well supplied with Chinese lamps, but, owing to the arduous labours of the busy "take-in," the display of evergreens was naturally limited, but we must make special remark upon the old ivy tree gracefully ascending the support of a Hodgen's splint. The age of this tree is estimated at not much less than 500 years by those in the know, its ancestors having come over with Noah the Conqueror.

The other Durhamite wards were next visited. Nothing could be more tasteful than the delicate-looped festoons along either side of

Martha, where the central chandelier of ivy hoops and Italian lamps was unique in design and prettiness. This ward, as likewise

Lazarus, shewed that the decorators had not stinted their work to the front part of the wards, the back portions being equally elaborate and effective; light festoons of greens hanging in catenaries being also a great feature in the ward. Two treats were in store for us in

Lydia, one being the symmetrically-wreathed overmantel, the other the Hodgen support—a perfect wealth of red and (ever)green. It was rumoured that many dummy Hodgens were to be put up, with a view to multiplying this enchanting effect.

Job next came to our notice, with its floating draperies of blue and orange, and its festoons of holly twigs with their ruddy fruit. We need hardly mention that little Wally's bed had received especial attention, as well as the good old Fish. Then

Luke showed up well with its Siemese lanterns and evergreens.

Naaman was exceptional in the dado border of airy lines of ivy along the walls and about the architraves of the windows. In

Dorcas the bed chains had been artistically draped with green and white silk; as well, there was a lavish display of harmonious evergreens, especially about the overmantels. Our appetite was whetted ere we entered

Charity, by the beautiful arrangement of ivy and fairy lamps around its portal. The expectations of the internal condition of things thus aroused by the external arrangements were fully realized, the number and character of the lamps being almost perfect. The projection of the pattern formed by these lamps on a horizontal plane would truly require more indulgence in higher-priced mathematics than we can afford at this season of unlimited tips. Last, and not least,

Patience and Samaritan held our eye, when we had sufficiently dodged the other one free from the low level lamps. The festoons of yew were most effective, as were the looped draperies, as they hung from the gabled roof.

THE GUY'S "UNACCOUNTABLES."

Before we remark on these entities, we must first congratulate and thank Messrs. Ash and their obliging staff for the ludicrous and ever-to-be-preserved programmes, which they so kindly compiled and supplied for the enlightenment and merriment of the patients. We publish a view from the number which were cleverly engraved for and embellished this delightful production, which will serve to show how our publishers entered into the spirit of the thing Messrs. Ash have long since made themselves old friends at Guy's, and their energy and kindness in producing this programme, at such a busy time, and at such short notice, cannot but further cement the union.

"De Man dat know 'im Bones."

The nigger troupe consisted of Messrs. Coulson, Jewell, Luce, Robinson, C. Spurrell, Van Someren, Wason and F. Young (soloists and chorus); Messrs. Cooper, Colley, Gibson, Henry and Scott Turner (banjoists); Messrs. Salter and Sichel (accompanists); Messrs. Jackson Lang and Allport (bones); Mr. Layman (tambourine), and Mr. H. Durham (Massa Johnsing).

Of the songs we must specially mention Mr. Coulson's beautiful falsetto rendering of "The little one that died"; Mr. Allport's "I could not help but laugh" and "Sister Mary" were, of course, first class; Mr. Jackson Lang's "Mulligan Guards," Mr. Robinson's "Click-Clack," "Far away ober dere," and Mr. Van Someren's "Ring-tailed Coon" and "Good-night" were masterpieces. Space prevents us from particularising the other songs and their songsters, who gained well-merited applause for their energetic and precise singing—the choruses being well maintained by the whole company.

Whilst in the matter of jokes there were some of the "unaccountable," though none the less amusing, negro chestnuts. A (we believe) new feature was introduced in the shape of a complete set of puns upon the names of the different wards; as good jokes do not bear repeating we have no hesitation in recording one or two of the bad ones: it was obvious that no nigger would take his gal into Martha ward because he did not like "Ma there"; again, a nigger with a large cravat was told in Job that he had on a "Job's comforter"; two genuine hair curlers were to be found in the statements that John ward looked yellow because "it was John dis (jaundice) 'ere ward was" and that Bones felt as if he were on an omnibus in Barnabas because "he would Be on a 'bus." A topical joke attracted our attention: it was said that there was no new Warden appointed because it was John Dunn and not War Dunn.

The costumes one and all reflected the very greatest credit upon the tailors and tailoresses by whom they were designed and executed; we think we have never seen a better combination of "get up's" than that with which we were treated this Christmas.

SAM X.

"MY XMAS PARTY."

We had been "keeping" Christmas-eve, that is, it had been paradoxically slipping away from us as fast as goodwill, good cheer, and good spirits (animal spirits, please!) could make it; and I sat alone in my room, smoking a last pipe, and thinking of—well, no matter what—and trying feebly to make up my mind to read some medicine, when suddenly I remembered my promise to our Editor, to write a "little ode" for the next number—"something Christmasy and festive," he said. Well, I would write it then. Plenty of ideas seemed ready to hand—I say *seemed*, but it is an odd fact that after-dinner ideas, though existing in the greatest profusion, clothed in all the rainbow tints of fancy, and apparently all ready to assume a more tangible form, often show a strong disinclination to resolve themselves into plain black and white!

Yet I began with confidence. What should I write of?—friends, wassail-bowls and holly?—yes, that was the sort of thing, with a dash of local colouring—blue and orange. Now, then! what rhymes with holly?—jolly—Florrie! No, that won't do! Here followed a few meditative puffs at my pipe, and an inexplicable wandering of my thoughts to mistletoe, and to why the mischief that thimble had got into my share of the Christmas pudding, dooming me to bachelordom!

But I pulled myself together, and started again; and writing, puffing, and meditating by turns, I got the first stanza done. Now, I thought, I'm getting into the vein!—"Then stop!" said a soft, insinuating voice in my ear, "don't get into the vein—such a stuck-up lot there—'blue blood, blue blood,' that's all they care about—sickening! Come along with me and we'll look up some old acquaintances together," and turning round I saw my polite little friend, the deferential artery, bowing obsequiously at my side, and looking as ruddy and muscular and elastic as ever. "Come along," said he—"I've given my 'boss' the slip, can't stand him for long, thinks himself such a *superior* chap, but, between you and me, he's not 'all there'—some accident at birth they tell me—but come along, this way—let's hurry past these Iliacs—such a *common* lot; here's this abominable Aorta too—sorry to bring you this way, up stream too, but its a short cut and I haven't much time, but I must tell you we've got our usual little meeting on at head-quarters to-day, we run up every Monday you know—sort of a little 'smoker' or conversazione,—we call it 'consulting the auricle' though, sounds better. Here we are, keep to the left, through the *arch*, just dodge those three *semi-lunatics* hanging about the door—that's right, safe inside—now you'll find lots of old pals here—bye, bye!" and so saying my loquacious little guide hurried off.

I looked round, and found as he said, many an old friend whom I'd not seen since the *Gray* dawn of our acquaintance, and who gave me a *heart-y* greeting.

The proceedings commenced by the spine voting himself into the chair, on the grounds—first, that he was the only person present with a decent head on him, and secondly, that a chair was nothing without a back to it.

"Now," said he to his attendants, "fetch us some tables—you'll find some up in my skull I think, hurry up now! cœcum and erect 'em at once."

By-the-by, my anatomical friends were well served, having no less than 945 *pages in gray*, simply devoted to them, in fact, *bound* in their service.

In a few moments the attendants re-appeared, towing the desired articles down the chairman's canal, and we were soon seated and ready for business.

To my right sat my old military friends Majors Pectoralis and Teres (the latter having young Teres minor with him), evidently enjoying their little relaxation, and none the less that they had under their escort the fair sisters Harmonia and Vera Sutura. Opposite me sat my canny friend McAntrum of Highmore, having to the right and left of him the brothers Rolando and Sylvius Fisher (names well-known in both hemispheres), while at the next table sat our old acquaintance the Humerus, with his jocular, though then somewhat nervous, little neighbour F. Bone—"Funny Bone" as they familiarly called him.

I myself, had the honour of entertaining the beautiful Miss Iris.

As soon as we were fairly settled, a red-faced gentleman, who had the appearance of a free-liver, proposed that we should have something to eat before "consulting the auricle"; which proposal was seconded by his friend Digastricus, whereupon the auricle *dilating* with indignation, replied in angry tones that *contracting* for public dinners was not in his line.

"Order, gentlemen," said the chairman.

"I will," replied the red-faced gentleman. "Here, waiter! fetch me some hair and whartonian jelly."

The representative of the "land o' cakes" followed suit by intimating that he was athirst; whereupon Sir Vical Fasher (a deep one so they told me) offered to get McA. some lacteal secretion.

"Hoot, toot, ye stipit body" cried Mac, "dinna fascia yersel'; ye'r varra dense, o-vary, milk for a mon like me! Great Scott's ointment! E'en that's mair than ye could get, dinna ye see our deferential frien' yonder?" Humerus here suggested that perhaps McAntrum would like an ague-cake!

To which Mac replied that if his bony colleague launched any more of his *shafts* at him, he'd break his surgical neck for him!

Miss Iris, meanwhile, was regaling herself very modestly on a corn-ear, as were also a canine and a molar tooth at the next table, but these having only one between them were quarreling over their respective shares—

"You've had two bites to my one!" cried molar.

"You're a fib'la!" said canine.

"By *gum*," said molar, "I like your *cheek*!

"O hold your *jaw*!" replied canine,

"What an *incisive* repartee!" sneered molar, "but you canines were always such *wags*!"

"I'll *have you out* for this and put a bullet through you *crown*," shouted canine.

"Oh, stop it—that is, I mean *conserve* it," said canine, hastily correcting himself, "you know you haven't the *nerve* to *shoot*."

"My *eye*," whispered Iris, "what *humour*!"

"Talking of humour, Miss Iris," said "funny" bone, "I thought of a conundrum the other day—do you know why I'm called 'funny' bone?"

"Oh, don't!" said Iris, "we were brought up on that joke!" (Canine and molar here showed some signs of re-commencing hostilities and were called to order by the chairman.)

"Not much of a chairman, is he?" said Vera Sutura to Major Teres, "never says anything but 'order!'"

"You're right, my dear," replied the gallant major, "mere lumbar I call him."

"Perhaps it's just as well though," said Vera, "his *articulation* is so very *mixed*!"

At this point MacAntrum arose, saying he was off for his summer holidays, and his train started in ten minutes from the Pons.

"Where are you going?" said Iris, "I always go with *Gaze*."

"Well" said Mac, "I thought the Island of Reel would suit me, don't quite know where it is though; here, waiter! just ask the chairman to ax is atlas where the Island of Reel is."

"Oh!" said Iris, "there's Sylvius Fisher, he'll tell you, he lives close by, I know; ask him."

"Don't think I know the gentleman," said McA., "he's got a twin brother you know. I've met *one* of them, never quite sure which though—great nuisance—like as two peas."

"What if they are, you can test 'em!" snapped Digastricus, with some *heat* and *acidity* of tone.

"Poor Digastricus," whispered Iris, "he's always so touchy at this time of the year. You see he has just a double chance of Dyspepsia, poor fellow!"

"Rather smart though, that suggestion to test them" said "funny" bone: "reminds me of my little joke—did I ever tell you fellows why I'm called '*funny*' bone, its because I border on"—but the remainder was lost in cries of "Oh! shut up Bone!" "Do learn another!" "Did you ever tell us, indeed! why, you never told us anything else!" and poor Bone subsided, murmuring "Strange! very strange! after going so well at every meeting for years. Well! well! 'Sic transit gloria Monday.'"

I now noticed for the first time a sad-looking little fellow sitting alone, taking no part and apparently no interest in the proceedings. "Who is he?" I asked of Iris.

"Oh," she said, "that's poor little Obturator. He's always like that—family troubles, you know. His relations are very troublesome, and *so inconstant*."

At this moment a little round, red fellow, in a buff-coloured top-coat, came bustling in, at whose appearance all present were thrown into a state of the greatest consternation, and amidst cries of "kick him out!" "send for the porters to turn him out!" he was collared and forcibly ejected by the muscular Major P., who

remarked it was no good trusting to those *incompetent* semi-lunatics of porters, lazy scoundrels who did absolutely nothing—simply vegetated! In the confusion the culprit dropped a visiting card, which I picked up and found bore the name, "M. Bolus."

From this moment our pleasant little festivity—or, as Miss Sutura called it, our little "reciprocal reception"—seemed doomed to interruption, for scarcely had the excitement caused by the ejection of Mons. Bolus subsided, when it was discovered that, contrary to regulations, another foreigner (or, as they contemptuously styled him, a "foreign body") was present, who was summarily expelled, notwithstanding his explanation that he was quite an involuntary offender, being a stranger to the neighbourhood on a laryngeal excursion, and had dropped in quite by accident.

He had scarcely been disposed of when the cry arose that there were yet other enemies in the camp, and two insignificant-looking little personages were pounced upon and kicked out forthwith. I was told one was a certain Bach Sillers (of German extraction) and a notorious evil-doer. He seemed greatly affected by the rough treatment he received, exclaiming as he was dragged along, "Ach himmel! bore redch dat I am, vat vis quarandine, and andi-dis and andi-dat brecautions, dere is no chanz now-a-daze for a yong mans to get a schardt in life—to make, vat you call, a leedle 'nezdt' for himself—vad you zay I vas—a 'bauber alien?'—ach! if dere is an unfordunate it *spore* me!"

So affecting was his distress that three gummas who were sitting near broke down completely! His companion was hustled out after him, and was, so they told me, a very vicious character named O'Cockers. I couldn't catch his first name, but I think it began with a G. He assumed a jaunty, insolent air. "What if they did turn him out, *he* didn't care for ejections, or injections, or anything they could do—stuck-up prigs—they might do as they liked, but he'd turn up again somewhere else, see if he didn't—*he'd* bend their knees for them yet!"

At this moment I became aware that all eyes were turned on me, and with anything but friendly glances, and I heard whispers of "Who is he?" "Yet another wolf in the fold?" "How did he get in?" &c. I attempted to explain that I'd come by the invitation of our mutual friend the deferential artery, but was seized, notwithstanding, by the 945 pages, some of whom held me—while the rest ran off, quickly returning with the rods of Corti, and crying out to their companions, "Revenge! revenge! turn him over as he once turned us over."

"We'll mark you, we'll cut you," they shouted in my ears, "as you once did us," and encouraged by cries of "Let him have it!" "Give it him!" "Dare quam accipere!" they carried out their bloodthirsty threats to the *letter* Even the Obturator was roused. "I remember the beggar," he cried, "he once had the impertinence to 'cut' me. Let's stick him in a sac and tip him into the Infundibulum!" And in spite of my struggles and cries for assistance to my old friends the majors, who stood by nearly splitting their sheaths in spasms of heartless laughter, I was bundled into a hernia sac, felt myself lifted up, swung to and fro, and cast out into the abyss, where, shrieking and clutching wildly at everything—I awoke!

P. H. LULHAM.

Sport.

RUGBY FOOTBALL.

GUY'S 2ND XV. v. LENNOX 2ND XV.

This match was played at Brockley on Saturday, December 3rd, when we sustained our first defeat, our opponents scoring a very lucky try which was converted into a goal, defeating us by 5 points to nil.

Lennox losing the toss, we played down-hill. They also played one short. Matters, however, were soon equalised by an accident to Dunbridge, whose collar-bone we are extremely sorry to say has been dislocated. This left us very weak behind as we were already weak by the absence of Spon, Hicks, and Kevern, and in losing Dunbridge we had not one of our usual three-quarters. However, we held them forward and managed to work the ball into their twenty-five where once or twice we looked like scoring, but the ball was too greasy for passing and their defence was too good, and play was continued in neutral ground. Michael then got possession of the ball, and after running a little way with it tried to pass to Perks, but one of their three-quarters intercepted it, and, being missed by Moore, ran behind the posts and scored the try which he converted. Play during the remainder of the game was very even, the game being essentially a forward one; and our opponents dribbling very much better than we, held the advantage.

The game thus ended as stated above.

The team consisted of:—J. Moore (back); A. Perks, C. E. Michael *vice* Dunbridge, E. H. Van Someren (three-quarters); C. T. Anderson, P. F. Henry (halves); G. N. Mottram, A. M. Rygate, H. T. Davies, A. Morgan, W. P. Grellit, A. N. Duffet, A. Falwasser, E. Butler (forwards); T. Davies, a new forward, whom we are glad to welcome, played a very good game. Butler plays a good open game but wants to go into the scrum more.

ASSOCIATION FOOTBALL.

GUY'S v. ST. ALBANS.

Played at St. Albans, on Saturday, December 3rd. The ground was in good condition considering the amount of rain there had been the previous night. Guy's kicked off, but St. Albans rushed the ball to our end and took a

corner which was fruitless. From the goal kick our forwards took the ball to the other end but shot badly. After some good passing between Lawrence, Fitzhugh, and Pendred, Lawrence rushed the ball through for us. St. Albans came down from the kick-off and their inside right headed the ball through, thus making the score one all. The game continued very fast and Lavers and Crosby both showed good form for Guy's. Walker took the ball well down the right wing, and Pendred, dribbling past the back, put Guy's ahead with a good shot. No further scoring took place till half-time. On resuming, St. Albans pressed, but Lavers and Davies were difficult to pass. After taking several corners in succession St. Albans were lucky in equalizing, the shot going at least a foot over the crossbar, but the referee allowed the point, although he acknowledged he was too far away to see it. The game now became rather rough, but we had the best of it, and, from a good centre by Hewitson, Fitzhugh scored the last goal of the match, about five minutes before time, and an exciting but rather rough game ended in a win for Guy's by 3-2. Crosby again showed very good form and will be a useful acquisition. Lavers kept out some very hot shot. The rest of the team hardly showed their proper form, or we should have won by a larger majority.

Team: N. Lavers (goal); A. E. Davies, H. D. Packer (backs); E. C. Crosby, H. Hewitson, H. E. Hinton (half-backs); F. E. Walker, B. Pendred (right), R. T. Fitzhugh (centre), G. Laurence, E. Picnot (left) (forwards).

GUY'S v. COOPER'S HILL.

Played at Cooper's Hill, on Wednesday, December 7th. The ground was partially covered with firm snow, but was in very good condition.

Our forwards, re-enforced by Stamford, were well together, and scored twice in the first half by means of Pendred and Stamford.

In the second half each side scored twice, and the game ended in a win for us by 4 to 2.

Lavers and Hewetson were the best of the defence, and the forwards all played well.

Team:—N. Lavers (goal); E. A. Davies, H. D. Packer (backs); H. Hewetson (captain), H. T. Hinton, E. Evans (half-backs); R. F. Fitzhugh (centre); F. E. Walker, B. F. Pendred (right); R. B. Stamford, G. Lawrence (left).

PAVY GYMNASIUM.

The Gymnastic and Boxing instructions naturally ceased for the vacation: they will be resumed on Tuesday, January 10th, and Thursday, January 12th, respectively, and it is hoped, in view of the competitions to be held at the end of the Winter session, that just a little more enthusiasm will be shown in the Gymnastic instructions. During the latter part of December, the members who attended could be counted on the fingers of one's hand, but after Christmas it is not unnatural to look for better things.

To Mr. G. E. Duncan the Gymnasium is indebted for an excellent pair of foils and masks, for which the Students' Club Committee have kindly consented to the erection of a suitable cupboard, which is to be also useful as a convenient seat.

Those gentlemen who have neglected to pay the annual rent for the Gymnasium lockers must not be surprised to find these convenient receptacles confiscated, and their things turned out on the floor. They are reminded that the "sub." is only one shilling and sixpence, and became due on October 1st last. The Hon. Sec. will be *greatly obliged* to receive these very much overdue subscriptions at an early date.

PASS LIST.

UNIVERSITY OF LONDON.—B.S. HONOURS EXAMINATION.

First Class.

Hamilton, E. T. E. Pantin, C. S.
Taylor, Tom R.

Second Class.

Lister, T. D.

Third Class.

Coleman, F. J. Sheen, A. W.
Jewell, J. W. F.

GUY'S HOSPITAL DEBATING SOCIETY.

The next Meeting of the above Society will be held on January 14th, when Mr. T. B. P. Davies, M.S., will move—"That this House considers that the time has now arrived for the disestablishment of the Church in Wales." We understand that it is the intention of the Committee to hold a ladies' night before long to give us an opportunity of displaying our eloquence before our sisters, cousins, aunts, etc. It will be a difficult matter to choose a really suitable subject for this occasion, and any suggestions will be gratefully received.

NOTICE TO CORRESPONDENTS.

The Editors wish it to be understood no communications can be inserted which are not guaranteed by the name of the sender. All articles must be written on one side of the paper only.